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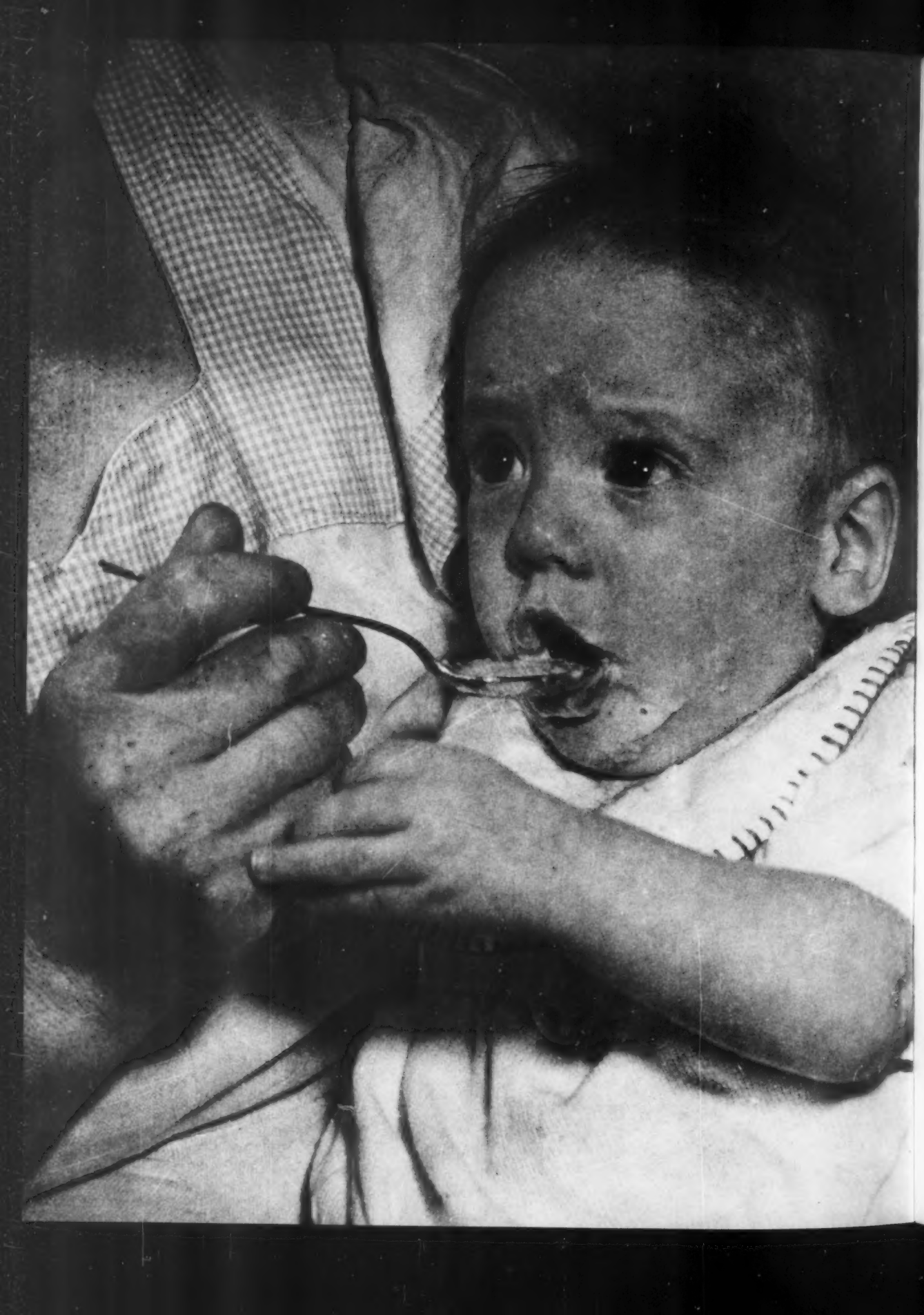
Teaching Roles in Preschools

Youth on the Generation Gap

Youth as Advisers to Adults

Helping a Fatally Ill Child



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Teaching in Preschools: Roles and Goals 42
Lilian G. Katz

A Boost Toward Career Advancement: College Training for Head Start Workers 49
John Flynn

The Generation Gap in the Eyes of Youth . . 53
Elizabeth Herzog and Cecelia E. Sudia

Youth as Advisers to Adults and Vice Versa . . 59
Herbert S. Strean

The Goal of Life Enhancement for a Fatally Ill Child 63
Joan Morse

Some Highlights from the Nutrition Conference . 69
Mimi Simms

Mobilizing for Opportunities for Youth 72
Mary Blake

book notes 74

guides and reports 75

here and there 76

Becoming acquainted with solid food, this baby seems a bit surprised. Most pediatricians recommend supplementing babies' milk diets with cereals beginning at 6 weeks to 3 months of age; and the recent White House Conference on Food, Nutrition, and Health recommended that such foods be fortified with iron to prevent iron-deficiency anemia. Highlights from the conference, with some of the major recommendations, are presented in the article beginning on page 69.

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Early childhood education is the most rapidly growing sector of the educational enterprise today. In the 5 years since Head Start began, the enrollment of children in preschool classes has just about doubled. In 1969 nearly 4 million children were enrolled in preprimary classes.[1] This figure includes enrollment in Head Start projects, day care centers, private and cooperative nursery schools, laboratory schools, and public and parochial preschool programs including kindergartens.

This dramatic expansion has been accompanied by extensive research and evaluation of all types of preschool programs. Up until 1968 the most recent review of research on teaching in the nursery school had been completed before the advent of Head Start and similar programs.[2] Therefore, early that year I was asked to do an analysis of subsequent reports on teaching in preschool settings for the ERIC Clearinghouse on Early Childhood Education. This set me to thinking a great deal about the nature and nurture of preschool teachers.

During the year of review, I searched through hundreds of research and evaluation projects of Head Start and other types of compensatory preschool programs. For all types of preschool programs combined (day care, British nursery schools, special preschool projects, and so forth), I found only 20 observational studies of preschool teachers in their classrooms reported since 1960. Nine of these studies were based on observations of teachers in Head Start classes. I also found 11 studies in which different methods of preschool education were compared. However, only one comparative study included observations of the teachers in their classrooms.[3] In addition to the observational and comparative studies, I found a few reports of research on the attitudes and backgrounds of preschool teachers.

TEACHING IN PRESCHOOLS: ROLES AND GOALS

LILIAN G. KATZ

In general, evaluative research on early childhood education is typified by tests of aspects of children's behavior before and after attendance in a program without reference to the possible effects on children of teachers and their behavior.

However, there is no shortage of literature *about* teaching in preschools. At least a dozen recent books and scores of articles have carried discussions about teachers, especially about the "good" or "effective" teacher. In these discussions many terms appear to describe the behavior of teachers: *teaching style*,[4, 5, 6] *teaching methods*,[7] *teacher approach*,[8] *teacher pattern*,[9] *teacher role*,[3] *teacher tempo and manner*,[10] and *teacher personality*.[11] Often the same author uses several of these terms interchangeably.

Because this confusion of terms makes the task of synthesis and analysis complex and difficult, I have found it useful to make a basic distinction between two aspects of teaching: teaching *role* and teaching *style*.

The term *role* refers to that aspect of the teacher's behavior that concerns *the duties, responsibilities, and functions expected of the teacher by her clients and herself*. The term *style*, on the other hand, refers to that aspect of the teacher's behavior that might be called the *individual rendering with which the teacher's role is performed*. For example, the role of the teacher—her functions, duties, and responsibilities—might be to instruct, but her style of instructing might be humorous, warm, authoritarian, or cold.

The role concept has been extensively discussed in educational literature.[12] It provides a fairly simple way of examining and thinking about many different kinds of social positions and the expectations of behavior that surround these positions. One of the important elements in this concept is that the social roles, or the kinds of behavior expected of people in specific social positions, are largely independent of the particular persons occupying the positions at any given time. Thus, whether the teacher is Mrs. Smith or Miss Jones, she is expected to carry out certain expected tasks and to behave in certain expected ways. The behavior expected of the person performing the role of teacher remains the same.

While the teacher's role is concerned with her functions, duties, and responsibilities towards her clients—children, parents, and employers—the teacher's style is concerned with *how* the role is performed and, therefore, involves individual differences. Such qualities as humor, warmth, creativity, passivity, and spontaneity, for example, can be thought of as aspects of teaching style.

Role models

Over the years, teachers of young children have followed three basic role models:

1. ***The maternal model*** puts major emphasis on keeping children safe, comfortable, busy, and happy. A major responsibility of the teacher is to help the children become what is popularly called "well behaved." This model represents the teacher as a kind of mother substitute who is expected to fulfill the mother's responsibilities, duties, and functions while the child is away from home.

2. ***The therapeutic model*** puts major emphasis on helping children express inner feelings, work out tensions, and resolve whatever inner conflicts may be impeding their early development.[13] This model has had a strong and productive place in the development of preschool education. The teacher focuses her attention on the children's mental health[14] to "correct any defective socialization processes and to

strengthen the child's ego functioning." [15] Moustakas describes the teacher's role in this way:

. . . to help children grow both as unique individuals and as important members of the group, to help them feel comfortable in expressing themselves, and to help them develop a positive attitude toward school . . . to help children resolve their tensions and conflicts.[16]

3. ***The instructional model*** puts major emphasis on the deliberate transmission of information and knowledge and the conscious training of children to develop skills—that is, on direct instruction or structured programs.

Each of these three role models—maternal, therapeutic, and instructional—has its own variants. Each also has its own particular strengths and weaknesses. Although the maternal model still exists in practice, it is not generally being advocated today.[10] On the contrary, recent research has stimulated efforts to help mothers become better teachers or to adopt a teacher role model.[17, 18] The maternal role is sometimes referred to disparagingly as "custodial care" or "glorified babysitting."

The therapeutic model still enjoys an important place in early childhood education.[19] However, some shifts in emphasis seem to be occurring. We are moving away from building a protective and psychologically safe environment around the vulnerable young child and toward helping him develop the strategies and strength for coping with his natural environment.

The "in" model

No doubt elements of all three models are followed by all teachers. Certainly, people do not come in "pure" types of anything! However, current trends seem to indicate that the instructional model is "in." But I sense a great resistance to it among teachers whose nursery school training and experience are rooted in the pre-Sputnik, pre-Head Start era.

The instructional role presents three major problems: problems stemming from confusion between academic and intellectual goals; problems of teaching style; and problems relating to teacher-client relations.

Since the function of the instructional role model is to transmit knowledge and skills to the children in a premeditated fashion, the curriculum is not left to emerge when the children's interests are spontaneously expressed or awakened, as it is in the therapeutic model. The teacher plans what knowledge and skills are to be taught and learned before she meets the individual children in her class.[20, 21]

I find it useful to distinguish between academic and intellectual goals associated with the instructional model. With academic goals, the effort is to help children adjust to school, develop testable skills, and learn to conform to the daily routine and expectations of the typical public school classroom—that is, to acquire the role of pupil. Gracey, writing of kindergarten as an "academic boot camp," says:

The unique job of the kindergarten in the educational division of labor seems rather to be teaching children the student role . . . the repertoire of behavior and attitudes regarded by educators as appropriate to children in school . . . the learning of classroom routines . . . all the command signals and the expected responses to them.[22]

This function of teaching the pupil role, now being urged upon nursery schools, works toward academic rather than intellectual goals.

With intellectual goals, the effort is, through guiding and encouraging curiosity about the environment, to help children develop skills in problem seeking and problem solving—that is, to acquire the role of learner. The emphasis is on the children's motivation to learn, rather than their motivation to achieve.

Planners with intellectual goals may also have *a priori* commitments to specific knowledge and skills to be learned by the children, but they are more likely than planners with academic goals to be sensitive to stages of learning, individual differences among children in learning styles, and children's readiness for specific kinds of learning. Certainly the academically oriented planners are interested in the children's intellectual growth. But the intellectual goals are often "lost in translation," and such losses very likely stem from the fact that intellectual stimulation depends on the teacher's style rather than on her role.

Effects of style

As I have already mentioned, the term *teaching style* is a way of talking about the differences between teachers within any given role model. For example, the Montessori method is a specific variant of the instructional role model. The Montessori literature defines the duties, functions, and responsibilities of the teacher; but if you see more than two or three Montessori teachers at work, you will certainly see differences in style. Similarly, among teachers

who use the Bereiter-Englemann method, you can see great variations in style. Some teachers are alert and enthusiastic and work with humor, zest, and warmth; some are dull, sullen, or grimly serious; and some are detached or authoritarian.

Similarly teachers who follow the therapeutic role model show great variations in style. Some are more active or intrusive than others, some are more affable, and so forth. Such individual differences in style exist even though the teachers perceive their functions and responsibilities in very much the same way.

Research thus far has not produced direct evidence regarding the effects on children of different teaching roles and styles. The results of some studies suggest that a teacher's style may be a stronger determinant of the effects of her work than the role model she follows. Moreover, we do not know whether certain role models tend to attract people with particular style inclinations—warmer people, for example, to the therapeutic model, or serious people to the instructional model—or whether there is no inextricable linkage between role and style. These questions have not yet been studied.

Conners and Eisenberg studied the behavior of 38 Head Start teachers in a 6-week summer Head Start program in Baltimore in 1965.[23] All the teachers in their sample were experienced public school teachers. Trained observers recorded the "discrete episodes" in their behavior:

> **Each statement of the teacher to a child or the group was recorded verbatim. An episode was defined as a change in the triangular relationship between teachers, children, and the environment.[23]**

The episodes recorded in this way were scored on the basis of their "values"—the implicit goals that these activities were judged to serve, such as the development of the concept of self, consideration for others, intellectual growth, or neatness. On the basis of these scores, the teachers were classified as placing a high, medium, or low value on each of these goals. In addition, the teachers were given an overall rating combining ratings on warmth versus coldness, permissiveness versus restrictiveness, activity versus passivity, and variety versus lack of variety.

The children's growth was assessed by administering the Peabody Picture Vocabulary Test (PPVT) at the beginning and at the end of the Head Start program. The results indicated that the children whose teachers were rated "high" on valuing intellectual growth and were *also* rated as "warm" showed the greatest growth in intelligence as measured by the PPVT. Those whose teachers placed a high value on intellectual growth but were not rated as warm did not achieve appreciable growth; nor did those whose teachers received a high rating on warmth but a low rating on valuing intellectual growth.[23]

Under the watchful eye of their teacher in a Head Start center, these 3-year-old children are having a new visual and tactile experience through finger painting.

These findings seem to support the proposition that the instructional *role* has a positive effect on children if the *style* of the teacher is warm.

Beller's study of Head Start teachers supports this proposition. Beller looked at teachers regarded by their supervisors as "good" or "poor" in an effort to determine their effects on children's skills in solving problems. He reports that the children whose teachers—

> **. . . made less distinction between work and play, who were more flexible in their classroom arrangements and more flexible in programing their instruction performed better on our problem-solving task. . . .[6]**

Since these teachers were largely the ones regarded as "good teachers," it would seem to be their teaching styles that distinguished them from the "poor" teachers.

Prescott and Jones studied 104 teachers in Los Angeles centers, as well as the children in their care.[10] The children's behavior was rated on a 5-point scale according to level of interest and involvement in their activities. The results indicate that children's level of interest and involvement is high "when teachers behave in certain specific ways." The researchers report:

Positive responses from children are highly related to encouragement. They are also related to teacher emphasis on verbal skills, and to lessons in consideration and creativity and pleasure, awe and wonder. They are negatively related to restriction, guidance, and lessons in control and restraint and rules of social living.

Thus some evidence is emerging to support the proposition that the instructional model, both in its academic and intellectual variants, can be performed with warmth and can carry a therapeutic effect for children needing it. However, more empirical studies of teacher behavior and its effects on children are urgently needed before any teacher role model can justifiably be denounced. Reports emanating from the modern British infant schools suggest that the instructional model, with a strong intellectual emphasis, can be performed in such a way that teachers maintain great respect for and enjoyment of children. Respect and enjoyment seem to be elements of teaching style.

Perhaps one of the most serious problems with the now popular instructional role model is that the role is easily "packaged" and "sold," but that the all-important style elements—such as flexibility, warmth, enjoyment, and encouragement—are neglected. They are aspects of teaching not easily "packaged." There is some evidence that such neglect of style can have deleterious effects on children.[10, 24]

Of course, the roles and styles of teaching are not the only determinants of the outcomes of preschool education. Size of center as measured by the number of children served, type of sponsorship, and the quality and quantity of physical space and equipment are important factors in determining what the teachers and children do.[10] Climate too is a factor. The same teachers vary significantly in their behavior in winter and spring.[25]

Another aspect of preschool centers that has not been studied in relation to its effect on children is the distribution of decision-making authority. An example of this came up during a recent visit I made to a Head Start day care center in the midwest. I sat down to have lunch with the children at the center. The children were very friendly, and the food was very good.

"What is this red stuff we're eating?" I asked the little boy next to me.

"Jello," he answered.

"Where did it come from?" I asked.

"Out there," he said, pointing in the direction of the kitchen.

"Where do the people out there get it?"

"From the tree."

"What kind of a tree?"

"A jello tree."

"Have you ever seen a jello tree?"

"Uh huh."

"Where did you see a jello tree?"

"Downtown," he answered.

"On T.V.," said another boy at the table.

"On a apple tree," said another.

Later I suggested to the young teacher that the children might be included in preparing their food: some could stir, some could watch, or taste, or measure, and so forth. The teacher replied, "You talk to the cook."

As it turned out, the cook was an awesome woman. She had a territory, her own area of command, and *nobody* was allowed in that territory, certainly not dirty little boys with dirty little hands! (She was unaware that the State health regulations were on her side.) The teachers were afraid to cross her. Until it was suggested to them, they did not realize that jello could be prepared in the classroom. I am sure they have been making jello with the children ever since!

My friends with elementary school backgrounds tell me that janitors have a similar sense of autonomy which sometimes conflicts with the elementary classroom teachers' authority.

Teachers and parents

This brings me to the third problem associated with the instructional role model: the relationships between teachers and their clients.

Whenever I ask a group of preschool teachers "Who is your client?," the response is invariably "the child." This seems reasonable, since the child is the direct recipient of the teachers' services. But like people in other professional roles, teachers have many different clients. They include the parents, the children, the school board, and the community. It seems to me the primary client is really the parent.

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Nursery school teachers have long emphasized the building of close relationships with parents, and on the whole, they have worked with parents who were receptive to their views on preschool education. But today the differences between the expectations of parents and preschool teachers constitute one of the most serious issues facing the profession of preschool education.

Many nursery school teachers, especially those who were in the field of nursery education before Head Start, have a sophisticated and complex view of the nature of learning and development. Some actively try to help parents see the soundness of their views, methods, techniques, styles, and goals in working with young children. They talk of children's learning through play, through self-selected activities, creative activities, exploration, and experimentation. They make complex assumptions about the psychodynamics of growth and development, and the meaning of children's behavior.

Many parents find it hard to understand the concepts behind the teachers' methods and so they complain when they see children "just playing" in the classroom. Preschool teachers are under great pressure—sometimes open, sometimes indirect—to prepare children for school. They are responsible to parents who seek some tangible evidence that they are in fact preparing children for the role of pupil. Caldwell has pointed out that "mothers are looking for professional leadership to design and provide child-care facilities that help prepare their children for today's achievement oriented culture." [18] Many parents are expecting teachers to perform a kind of teacher role and adopt a kind of teaching style that the teachers do not like.

In my review of research I found no systematic study of the conflicting expectations of parents and teachers in Head Start. However, I did run across some informal reports of such problems. In an extensive survey of summer Head Start programs in Massachusetts in 1965, Curwood reported on the basis of interviews with parents that "most of the (Head Start) programs, even with a minimal child development emphasis, failed to meet the parents' expectations for more formal education." [26]

In another study, Wolff asked teachers and parents to suggest improvements in the Head Start curriculum.[27] The teachers listed such items as "more materials, more time on emotional and social development" while the parents suggested "more teaching, more work including ABC's and numbers." Similar problems are brought out in Polly Greenberg's sensitive and moving account of Head Start in Mississippi: [28]

> **We had to interpret parents' insistence on having children learn ABC's to mean they were insisting that the children learn *reading*. . . . If CDGM [Child Development Group of Mississippi] planners were going to claim to be deeply concerned with community values and parents' ideas, we could not stoically resist parental convictions that reading is critically important.**

Sieber and Wilder [29] studied the teacher role preferences of the teachers and parents of first, fifth, and 10th grade children in regard to four basic role models: content oriented; control oriented; discovery oriented; and sympathy oriented. In brief, they found that the younger the child, the more the mother is likely to prefer a "control oriented" teacher, and that this is especially true of the mothers from "working class" families. Only 36 percent of the mothers interviewed preferred the "discovery oriented" teacher role, but 56 percent of the teachers interviewed identified themselves with this model. Moreover, 69 percent of the mothers differed with their children's teachers in their preference of teacher role models. The researchers suggest that as the participation of parents increases in the schools, the level of dissatisfaction will also increase.

Unfortunately, no study of this kind has been carried out with Head Start teachers and parents. However, I would hazard a guess that the disagreement between the teachers' and the mothers' preferred teacher role in Head Start would reach about 80 percent.

Implications for the future

The first impression gained from our current, but limited, knowledge is that the role models to which teachers are committed may not be as important to their effectiveness with children as their individual

styles of teaching. However, from the evidence now available, the instructional role model cannot be ruled out entirely. Perhaps a fresh conceptualization is needed: something like that implied in Caldwell's term "nurcher" from the verb "to nurture" [18]—the adoption of an instructional role performed with style characteristics that facilitate growth—to help children become both learners *and* pupils.

The second implication that might be drawn from current knowledge is that if nursery school teachers continue to emphasize goals other than teaching the child the pupil role—even though they adopt a healthy mixture of a therapeutic role plus an intellectual emphasis—they will lose the very parents who most need their help, their skill, and their understanding. Whatever may be wrong with the public schools, preschool educators have no right to deny the child's need to acquire the social role of pupil.

Finally, a most important implication of current research findings is that when the child is taught his ABC's, colors, shapes, and school-type tasks, something may be set off between the child and his parent that could make a profound difference in his development. It may be that having her child come home with a specific skill increases his mother's confidence in his future and that a mother's confidence in her child's future has continuing positive effects on his development.

The most important question for a preschool teacher to ask herself concerning her role, style, and goals may be: *What am I doing to increase the mothers' confidence in the future of their children?* Perhaps the resistance to current pressures is a reflection of the preschool educator's sensitivity to children; but unless there is just as sensitive a response to their parents, what is done for the children may be lost.

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a boost toward career advancement

COLLEGE TRAINING FOR HEAD START WORKERS

JOHN FLYNN

During the summer of 1967 Project Head Start launched a nationwide program to enhance the knowledge and skills of employees in Head Start centers by providing them with opportunities for higher education. Ignoring skeptics who questioned the advisability of sending economically disadvantaged adults to college to help them advance in their careers, the agency took a realistic view of the needs of the employees in the preschool centers it supports—most of whom come from the neighborhoods of service—and of the children being served. After considering the results of a study of the feasibility of providing higher education to persons who have long been out of school and who may never have finished high school, the agency established a program called Head Start Supplementary Training (HSST) under contract with Educational Projects, Inc., a private nonprofit organization concerned with educational innovations.

Since the inception of the program, more than 8,000 employees of Head Start centers have enrolled at institutions of higher education in 49 States, Puerto Rico, and the Virgin Islands. Of those who had already had some college work, 240 have already earned bachelor's degrees. Among the 243 who have earned associate of arts degrees, 36 had only a high school education or less when they began. About 2,500 are expected to get A.A. degrees within the year.

The Head Start Supplementary Training program has three main objectives: (1) to provide college education and training to full-time employees of Head Start's preschool centers so that they might become more skilled and responsible in their jobs; (2) to provide these same people with an opportunity for increased earning power and job security; and (3) to provide an arena for change in college and university teaching methods and curricula to meet the needs of disadvantaged people.

The first of these objectives has been achieved to an appreciable degree. Responses from directors of Head Start centers participating in HSST indicate that the training provided immediate benefits to the children enrolled. They report that the employees who have received further education through the program now have a better understanding of why they do certain things.

The second and longer range objective—to increase earning power—has not yet been achieved for the majority of trainees. The major problem is inadequate funding once jobs for them have been designed that offer the opportunity of career advancement rather than a dead end.

As to the third goal—to effect change in educational methods—the universities have participated in the program and have allowed a remarkable degree of flexibility in their customary procedures to meet the needs of the program's trainees, but whether these accommodations will become permanent features of the higher educational systems remains a question.

The trainees

All Head Start trainees are recruited from persons who have been employed in full-year Head Start centers for at least 6 months. Those selected are encouraged to remain in Head Start at least 1 year after completing training. However, they are not discouraged from taking advantage of related career development opportunities outside Head Start—for example, in Project Follow Through and in public school systems. They are selected by local Head Start Career Development Committees, composed equally of professional and nonprofessional staff members of the local Head Start program. The members of these committees are selected by the staff to be responsible not only for the selection of HSST trainees, but also for the development of career development plans for all Head Start staff members.

Thus far about 95 percent of the trainees have been

women, many of them parents of children in the Head Start centers; 31 percent are heads of families. Most of them have only meager family incomes, so meager that in many instances they are supplemented by public assistance. More than half of all trainees are members of minority groups, among which Negroes predominate. The average age of the trainees is just under 36. The average number of children in their families is five.

The trainees usually work a full day in the Head Start program and take their courses one or two evenings a week or on Saturdays. Most of them take 6 hours of credit per term but some take as many as 9 hours. More than 55 percent have been out of school more than 10 years, and more than 27.9 percent have been out of school more than 20 years. Most of them, before entering the program, had not completed high school. On the surface, this would not appear to be a very promising freshman class.

Yet some studies made at participating institutions indicate that trainees in many of the Supplementary Training programs are earning a higher grade point average than the training institutions' regular freshmen. At both South Western Louisiana State College and Becone College in Oklahoma, for example, the HSST trainees scored several tenths of 1 percent higher than the entering freshmen. Similar studies are being made at other participating institutions. In addition, the University of Colorado and Educational Projects, Inc., are jointly conducting a study of the variables associated with trainee success in the HSST program.

The academic dropout rate among trainees has thus far been only 1.2 percent; an additional 8.3 percent of the trainees have withdrawn from the program for personal or family reasons, although in the opinion of the instructor, they were passing the course at the time of withdrawal. Even if the "social withdrawals" were counted in the dropout rate, it would still be below 10 percent—a significantly lower rate than the dropout rate in the freshman year of most colleges.

Under the Head Start Supplementary Training program, these Head Start employees enroll in college courses to earn degrees.

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The program

The training program is offered through 297 institutions of higher education, sometimes on a college campus, sometimes in facilities nearer the neighborhoods where the trainees live and work. While the courses are college level courses usually taught by members of the institution's regular faculty, the curriculum is not the standard academic curriculum, but is designated to be closely related to the work in which the trainees are engaged.

To reduce the competitiveness of the college classroom and to enhance individual development during the first year of training, Head Start Supplementary Training courses are given in cluster or contract classes held specifically for Head Start trainees. This has offered two advantages: By attending classes with their peers, the trainees gain confidence in their ability to do college work; and the faculty gains experience in teaching content material of particular relevance to the Head Start center. After the first year the trainees generally leave the contract courses and enter regular university classes as a direct result of their newly gained confidence and their experience with theory as well as practice in early childhood education and related areas.

All institutions participating in the program have agreed to—

1. Revise admission policies so that the student who has not graduated from high school or who does not have a high school equivalency diploma can enroll for college level courses. Credit for a trainee's work, however, may be held in escrow until he completes work for a General Equivalency Diploma

(GED), earns a high school diploma, or completes 12 to 15 semester hours of credit with a grade C average.

2. Waive admissions tests such as the College Entrance Examination Board Test and the Scholastic Achievement Test, except where such tests are being used for diagnostic purposes and not as a criterion for admission.

3. Assure the relevance of course work to the work experience of the trainees. New courses often have to be developed or, at least, existing courses modified.

4. Give full academic credit for all courses in the curriculum and count the credit towards a 2-year associate of arts degree, or its equivalent, and make all credits earned in the 2-year program fully transferable to an existing bachelor's degree program at that institution or another cooperating institution.

5. Work with the Career Development Committees in selecting the courses, the places where they will be taught, and the instructors.

6. Work toward the development of appropriate support service packages, which may include tutoring, academic and personal counseling, and field supervision.

7. Give courses relating to the trainee's experience first—such courses as early childhood education, human growth and development, art for preschool children—to ease the transition for trainees who have been out of school for many years and have never had a postsecondary experience.

Institutional change

In the 2 years the projects have been in existence, most participating educational institutions have gone through a process of change, especially in their attitudes and in their admissions requirements, as they relate to economically disadvantaged adults. The changes are more evident in relations to peripheral programs, such as Supplementary Head Start Training, than they are in the institutional structure as a whole although this is changing.

In addition to the changes required for participating in the program, the following measures have been taken to accommodate Head Start trainees:

- Most institutions have eliminated the usual educational requirements for enrollment but have conditioned continuance in the program on the trainees' performance. Others require only that enrollees subsequently complete either the GED test or 12 to 15 hours of college-level credit with a C grade average, or both.

Children concentrate on the story as the college professor observes a Head Start employee who is also her student.

- In most institutions, trainees who have had no prior college courses can take courses normally offered only at the junior or senior level.

- Many institutions offer first year trainees credit for field work—a practice usually allowed only for senior or graduate students.

- Institutions permit faculty to travel to Head Start centers hundreds of miles away to conduct classes near the trainees' homes. Some institutions rotate the location of classes.

- Some institutions—for example, Skidmore College and Marshall University—have given credit to trainees retroactively for courses taken in an 8-week leadership training program offered by Head Start. Some offer compressed credit courses to accelerate training.

- All institutions allow students to participate in course selection, method of presentation, location, and even in selection of instructors.

- In many institutions, the method of instruction in courses for trainees consists largely of seminars, a method otherwise usually reserved for upperclassmen.

- Several colleges have encouraged the local Career Development Committee to recruit teachers. If they meet the accrediting association standards, the

teachers become members of the college faculty.

- Some institutions have conducted special training courses for the instructors of trainees.

Successes and problems

What has the program meant to the Head Start trainees? Some trainees with little educational background have obviously had their perspectives broadened by the college level instruction. Some have advanced to new positions within the Head Start programs in which they were working when they were recruited for the training program. A few have advanced to become directors of Head Start centers or even of an entire local Head Start program; some few have even become instructors in institutions offering Supplementary Training programs; and some have found broadened opportunities elsewhere in the community.

For example, Mrs. Lois Culver of Montrose, Mo., the mother of five children, has received enough credits through the Head Start training program to obtain a temporary teaching certificate and a teacher's position in the Roscoe, Mo., public schools. During the spring term of 1968 she traveled 7,000 miles commuting from her home to the Central Missouri State College in Warren, Mo. Planning to stay in teaching after she receives a bachelor's degree, Mrs. Culver says she is "sold" on the HSST program "because it gives you a chance to help yourself."

A major problem remains, however, in providing opportunities for advancement for all trainees both within and outside Head Start. While most trainees have shown increased skill in their work with children and many have been given increased responsibilities within their programs, only a comparative few have advanced in salaries within their Head Start programs—due, unfortunately, to inadequate funding. Even fewer have found jobs outside Head Start that would be regarded as beginnings in a real career ladder. The limited opportunities in the human service fields for persons with less than a recognized degree or certificate is a real problem. The obstacles to such advancement can, in my opinion, only be broken down through the further elimination of unnecessary barriers to educational opportunities.

Some specific steps needed within the HSST program are:

- Even greater flexibility within the participating educational institutions in transferring credits between departments, and especially in accepting credits from extension work.
- More precourse and inservice training for HSST faculty members in teaching educationally disadvantaged adults.
- Greater weight for Career Development Committees in decision making.
- The provision of more and better personal counseling to HSST trainees.
- Greater coordination between all groups participating in the program—especially Head Start directors, Career Development Committees, and the educational institutions involved.

Steps are being taken by the organizations involved to meet these needs. But the greatest problem will require a concerted effort on the part of the human service, business, and industrial communities throughout the land: providing career opportunities for all educationally and economically disadvantaged adults who have entered in good faith into the various training programs available to them today.

Unless the development of opportunities for new careers becomes a national priority, thousands of the poor who have invested hope, energy, and time, and have made great personal sacrifices in securing additional education may construe these training opportunities as a cruel hoax perpetuated by the "establishment." As members of the economically disadvantaged community their lives have already been full of frustration. The lack of genuine opportunities for upward mobility after they have put so much effort in increasing their skill will represent the ultimate humiliation. *We must not allow this to happen.*

A Head Start employee applies what she has learned in her college training course to her work with preschool children.

THE GENERATION GAP

in the EYES of YOUTH

ELIZABETH HERZOG • CECELIA E. SUDIA

In my group of friends, the generation gap is the main topic of conversation; we just don't refer to it by that name, but it all boils down to the same thing.

To teenagers the problem is, "I just can't talk to my parents—they don't even try to understand." And to Mom and Dad it's "Billy just doesn't make sense. Some of the ideas he has are so radical!"

These remarks illustrate two major themes in the responses received by the Children's Bureau from high school students to the following questions:

We hear a lot these days about the generation gap. We'd like to know what your friends think about it, and whether they think about it at all. If so, what are the main things that adults do or say or fail to understand that bother teenagers so much?

What about the other side of the coin? Do your friends think that some of the problems come from the teenagers? If so, what are the main things young people do or don't do that make things worse?

In the spring of 1969 these questions were mailed to a panel of 407 high school students randomly selected from students in college preparatory courses in metropolitan areas situated in the four regions of the United States—North, South, Midwest, West. Replies were received from 251 students in 53 schools in 12 cities. The purpose was to find the main patterning of opinions among such young people rather than to obtain an exact count.

The complete results are being published in detail by the Office of Child Development as the first in a series of *Youth Reports*.[1] Here we will present only an outline of the general patterns that emerged—along with some illustrative excerpts.

Experience with analogous studies gives ground for confidence that the opinion profile obtained in the Children's Bureau study validly reflects the views of urban high school students enrolled in college preparatory courses.

Teenagers are no more unanimous than their elders on most subjects. In their comments about the generation gap, for every complaint against parents and adults generally, there are conflicting or qualified responses. Some say that their complaint holds for some adults but not all, or for teenagers as well as adults. Often a single response covers a range of opinions, in an effort to say which kinds of teenagers are likely to hold the various views expressed, or to explain that the writer and his friends do not share a particular view. Nevertheless, the main lines of prevalent opinions are clear, and it is possible to differentiate between broad consensus, evenly divided opinions, and views voiced only by a few.

Is there a problem gap?

A wide range of opinions emerges about the existence and nature of a generation gap. About half the correspondents report that it is viewed as a real problem, and a few add that it is worse than in former years. The other half divides rather evenly between those who say it is not viewed as a problem at all and those who say it is seen as a problem by some young people but not by others.

In some instances the correspondent reports that it is not a problem for "me personally," or for "me and my friends," but that many young people find it a problem. Occasionally the latter are characterized as young people whose relations with their parents are not close, who do not appreciate what they receive, or who have been "brought up wrong."

We don't talk about the generation gap, as such, because we all recognize it and accept it. Thus, it isn't a topic, but an assumption behind conversation. For example, the remark, "I

had a pretty good talk with my Dad last night," is taken to mean that there has been a rare occurrence.

The substantial minority of the young people who dismiss the generation gap as a problem do so on various grounds. Over half report the opinion that a generation gap is normal and no worse now than in the past. Almost as many say it is seen as a problem mainly because it is "blown up by the media."

From the way my grandparents talk, I'm pretty sure that my parents weren't understood. Of course, I probably won't understand my kids either.

Some who downgrade the importance of the generation gap add that other problems are much more important—for instance, poor quality education, racism, poverty; that difficulties between people are a matter of individuals, not of generations. What we have, they say, is a "people gap" or a "love gap." And a few see the generation gap as an excuse made up by adults as "a blind" for avoiding the "real" problems.

The generation gap is, according to many kids—who have good relationships with their parents—an overemphasized, over-generalized, over-coined phrase, used to describe a rebelliousness occurring during the adolescent years accompanied by friction in the home.

A few, but very few, have a good word to say for the generation gap. Without it, they hold, there would be no progress. It forces teenagers to think for themselves, reach their own conclusions "so we will be a very determined people."

The nature and causes of the generation gap are discussed by many of the young people. By far the majority see it as a gap in understanding or communication. The most common complaint is that "they don't understand" or "we just can't communicate," sometimes because "they" (parents, or adults generally) don't want to, sometimes because they can't. Four out of five refer to failures of communication or understanding, or both.

Often the point is made with intense resentment against the failure of adults to try to understand, communicate, and explain. At the same time, a substantial minority view the communication failure more philosophically, as natural, inevitable, and probably chronic. And a few display sympathetic indulgence. "They can't help it," "they have their own problems."

Our parents are both reticent and communicative and they always seem to be one when it should be the other.

They don't *listen*. If we try to talk to them about a problem, they are either so involved in giving advice that they don't hear us at all or they aren't listening in the first place.

Most of the kids feel that it is just a lack of interest by both parties to talk to each other.

Parental sins

Lagging behind the failure to understand and communicate, but nevertheless bulking larger than other complaints, is a cluster of protests against the failure of parents to grant the teenager full status as a person entitled to respect and trust. Parents, the complaints go, do not respect the teenager's opinions, fail to recognize that his problems are important to him, and do not trust him.

On the one hand such shortcomings are associated with adults' failure to recognize that the teenager is partly grown up and worthy of certain responsibilities. On the other hand, adults are occasionally charged with not making allowances for the teenager's youth and expecting him to be more grown up than he is. Either way, the individual and his growth phase are felt to be belittled or ignored.

I just wish that sometimes they would give us a chance to show them what we have learned.

A less salient part of the sins-of-omission cluster is failure to give teenagers attention and love. Attention, however, is clearly not to be confused with the widely resented "nosiness". "They're too busy," "they don't take time," "they're too wrapped up in their own problems and fights," "it takes time to be a good parent," "kids rebel in order to get attention," "they don't give enough love."

Objections to what parents do stand out almost as much as objections to what they do not do.

Leading all sins of commission is the dual charge of rigidity and strictness: parents are always sure they are right; they refuse to reconsider what they have said, once they have said it; they are given to arbitrary rules and punishments.

The main thing adults do wrong is that they think things are either black or white, only positive or negative. No compromising. Having this attitude, just makes teens kind of "burn" inside, almost until they explode.

On the other hand, a few teenagers complain that many parents spoil children by being overindulgent and overpermissive. One or two associate such indulgence with an effort to "buy love," adding that this only breeds disrespect.

Parents mean well when they try to give you all the things that they never had. They want your life to be better than theirs was. But they don't realize that they might be forcing something onto you, and when you "fail them" or "rebel," they immediately hit you with, "we've given you everything you've ever wanted," or "where did we go wrong?"

A number of parental sins of omission are seen as contributing to sins of commission: lack of understanding, refusal to listen, lack of trust and respect for the teenager as an individual, lead parents to become "nosy," suspicious, and inconsiderate.

A different kind of objection to parental behavior is reported by about one correspondent in 10, but always with intense feeling. This concerns parents who set a poor example for their children, who "say one thing and do another." Such parents are described with biting scorn as being "hypocritical," "phoney," "setting a bad example." They drink, they smoke, they tell half truths, they practice "loose morality," and at the same time urge their children not to do these things.

A small, equally vehement number of respondents report complaints of parents who nag, "yell at their kids," and embarrass them in front of others.

For both boys and girls, lack of understanding and communication leads all complaints by a wide margin. Girls put most emphasis on lack of respect and trust, often perceived as prying and interfering with social activities. Boys also put most emphasis on rigidity and strictness but without specifying the context. Lack of attention and love ranks higher among girls' complaints than among boys'.

Conflict in values

Over one-third of the teenage reporters explicitly refer to value clashes between the generations, and many more discuss value-related points in connection with other complaints. Often the references are general: "We don't have the same values." "We have two opposing philosophies." But more often the conflict is specified: "They" are accused of insufficient interest in the overriding problems of our day, including war, poverty, and racism. "They" are accused of materialism—over-emphasis on money, possessions, economic security, status, individual achievement.

Corollary to both these accusations is the charge that "They" emphasize trivia at the expense of really important things, insist on conformity in matters of dress and grooming, and judge people by externals.

Disapproval of parents' emphasis on nonessentials is linked with indignant protests against adult objections to teenage preferences in hair styles, dress, and grooming. Over one-fourth of the correspondents report such objections. "Parents don't understand fashions are changing" or they think teenagers are "not responsible" if they are not dressed conservatively. Among both boys and girls the subject frequently concerns the hair styles of boys.

A very few of the young people criticize long-haired boys. One goes so far as to agree with his parents that "long hair is disgusting." On the whole, however, the teenagers defend their right to self-determination in dress and grooming, even though the defenders themselves may not exercise that right in ways deplored by their elders.

The teenagers tend to condemn the adults' "over-concern with external appearance" on two grounds: as reflecting a distorted sense of values; and as a violation of individual autonomy. Because of this dual significance, the reporters imply, teenage costume and grooming have taken on the attributes of symbol, of language, of badge, and of weapon—thus acquiring for the young an importance which may seem somewhat at odds with their objections to emphasizing external appearance.

For the first quarter of the school year I kept my hair short and very conservative—I made straight A's. Now that's what they wanted me to do and I did it (make the grades, not the hair). But, nevertheless, I did what they wanted me to, without any qualms, but I ask them to let me let my hair grow long and the answer is an emphatic "no!" I got the grades, either way (and that gives them satisfaction)—why not let me have my way?

Sometimes the correspondents try to explain the value differences they report. Some of these discussions are bitter, some dispassionate, a few indulgent. The chief excuse offered for their parents is that because they grew up during the depression they attach greater significance to economic security than their children.

Today's young people do not have to worry like their parents did about money and making a living. They can be concerned with other things . . .

Such comments are made by less than one in 15, and certainly not by those who report the views of the nonaffluent.

Nearly half the correspondents explain the value conflicts with adults in such statements as: "The world is changing too fast for them." Often the statement is made without explicit criticism. But more often it accompanies criticism of adults as resistant to change. The adults, it is said, not only fail to

understand change but they definitely do not want it, while the younger generation definitely does. Thus, in a sense, change itself becomes a value—positive for the young and negative for adults.

They have carved their own little niche in society and are fearful lest change will destroy it. We understand such fear. We can foresee the same fear ourselves when the next generation wants change.

Most bitter of all is the reported resentment against parents who want to make their children "into a carbon copy of themselves". "When I was your age" is a particularly detested phrase.

Some parents are o.k.

While the wording of our questions tended to invite criticism of adults, the responses do not picture parents and other adults in wholly negative terms. Some respondents—nearly one in 10—explicitly state that they share the values of their own parents. Very few of these correspondents describe themselves as "conservative." They more commonly describe their parents as progressive in their thinking, understanding of young people, and keeping up with the times.

Sometimes the correspondents contrast their own parents with the parents of friends or acquaintances—that is, they view their parents as nice but unusual.

I am thought to be extremely lucky because I get along with my parents . . . I am the exception.

The world "mess"

Nearly a third of the correspondents confine their responses to a general consideration of whether there is or is not a generation gap. The remainder divide rather evenly into three groups: those who refer only to intrafamily relations and issues; those who refer only to social problems and issues; and those who talk about both.

Those who do mention society or social problems blame adults for allowing the world to get into "this mess." The positive social goals attributed to youth are pictured with varying degrees of specificity: to end war, to cure poverty, to "stop evils," to promote "spiritual and mental welfare," to reform political processes, to further peace, love, and brotherhood, to engage in community service.

We are very much concerned about many grave problems, which threaten to destroy the advantages that civilization has given us. We are concerned about overpopulation, racism, poverty, pollution, and most of all, oppression and the stifling of the individual in what is supposed to be a democratic society. The reactions that we have seen to these concerns are very frustrating. School desegregation guidelines are relaxed . . . ; poverty programs are stifled because they might hurt the taxpayer; industry successfully blocks pollution control; and those who wish to democratize America are labeled Communist and suppressed, often violently.

The inevitable counter-point is presented by a very few dissenters who say teenagers are not really so idealistic themselves, but are in fact materialistic and lack positive goals. However, not one correspondent reports that teenagers are content with society as it is.

The specific problems of society most frequently mentioned concern riots, protests and disorders, war, race, and poverty.

. . . what really annoys many teenagers is the "accepting" view adults have. They accept war, poverty, hunger as unchangeable. The teenagers look at war for what it is—man killing man senselessly. They see race riots, starvation and campus trouble. No wonder they're disgusted.

Comments about forms of protest more frequently disapprove than approve violent and disruptive dissent. Nevertheless, those who are moved to discuss such matters are obviously in sympathy with the reasons for active efforts to bring about change. About one in 20 reports the view that "shock treatment" in the form of violence and disruption may be necessary in order to "awaken the sleeping generation." Almost twice as many, however, see a need to keep violent dissidents within bounds.

Also, violent marches and occupation of college buildings seem to be carrying things too far. However, many of my friends feel that at times, a peaceful march can be important to make grievances known. The inability of peaceful marches to remain peaceful is a major problem . . .

A college is a place to learn—if the students don't like it, they can go someplace else!

All comments concerning war in general and most of those concerning the Vietnam war are strongly negative.

We have to fill out c.o. forms to explain to you why we shouldn't kill, but you're the ones who should have to fill out forms telling us why we should kill.

That these views are not necessarily unanimous is suggested by the fact that the majority of the cor-

respondents make no mention of war at all.

Many correspondents make no mention of race problems, but all who do are emphatic about the need to eliminate prejudice, discrimination, and inequalities. Not one reports endorsement of a "go-slow" policy. Little regional difference in views is perceptible. Among the very few who refer to interracial dating, all defend the practice as quite acceptable to youth though not to parents.

I, as a teenager, think that because the older generations have tolerated racism and other forms of human cruelty, their concepts are wrong and should be abandoned.

On the whole, the views of black teenagers resemble those of white teenagers with regard to the existence and nature of the generation gap, although the emphasis is clearly influenced by keen awareness of their special problems. The proportions of those affirming or denying a generation gap are comparable. However, those who belittle the problem do so with special scorn, pointing out that the real gaps are between "Uncle Toms" and all the others, regardless of age.

The gap between aware blacks and unaware blacks is not necessarily one of age. In most cases it involves the extent to which one has been brainwashed by white America . . . Some people as young as junior high school age have proven to be more stubborn to the "de-brainwashing" process than some grandparents.

Some reports from black students include poignant discussions of problems that dwarf such considerations as the generation gap.

I am one of the twelve Negroes who attends a predominantly white school of about 3,000 or more . . . I'm just like a walking test at school. Now the Negro is on stage, performing before an all white audience, trying to sway and correct their opinion of blacks.

The subject of poverty is among the least frequently mentioned in comments about specific social problems. To some extent, however, economic inequalities are implied in references to social problems generally and to race problems.

Teenagers on teenagers

In response to the specific inquiry about "the other side of the coin," over half of the reporters find some readiness to concede that there is fault on the part of both generations. About one-third did not respond to the question.

A number of teenage "sins" are specified, some of them mirror-images of those ascribed to the older generation. Teenagers, like adults, are accused of not listening and not communicating. About two out of five acknowledge that the obligation to give understanding, trust, and respect to their elders is often unfulfilled. About one in seven criticizes the young for not realizing that after all "they are still kids" and can learn from adults—although half as many report belief that teenagers really do know more about today's world than their parents.

Some kids think it's all the parents' fault, but I think it's half and half.

I think both sides need to do less talking and more listening.

In frequency and vehemence, criticisms of the older generation far outweigh criticisms of teenagers, and are less often qualified or restricted to an unrepresentative few. The prevailing view is definitely that the teenagers are not chiefly to blame for the generation gap; about one in 10 exonerates them altogether.

But I just happen to think that the older generations are far more mistake prone, and will not face the reality when they are wrong.

Among the most indignant protests reported are objections to prejudice against teenagers as a group, levied in some form by about one in three, against parents, adults generally, and the "mass media." Nearly a fourth of all the correspondents concede that "some teenagers are really bad," but they usually add that the great majority are O.K. and should not suffer for the misdeeds of the misguided few. They maintain that adults expect the worst and act in such a way as to invite it.

It seems they feel if one girl goes around with every boy in town and doesn't care what she does, that their daughter will do the same. They don't have enough faith in their own child-raising.

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The media, it is charged, aggravate such attitudes, by playing up only the bad and ignoring the good.

There are just that small minority of "weirdos" that there has always been, but, with the more publicity, they seem to be a larger group.

Mention of drugs comes in only incidentally, as an occasional specific under broader issues. Use of marijuana receives little support, and heavier drugs none at all. While drug users are sometimes described as "really bad," some sympathetic reference is made to the pressures that drive some young people to drugs.

These kids are looking for something better like maybe through drugs, boy you can't find it that way.

Hippies and Yippies are referred to by about one in 10 correspondents, chiefly in connection with the tendency of adults to blame all teenagers for the misguided deviance of only a few. Less than one in 20 reflect a neutral attitude toward or sympathy with hippie motives and aims although not necessarily with their behavior.

A minority group such as hippies, militants, drug addicts, draft dodgers ruin the reputation of the majority of good teenagers and terrify responsible parents.

Maybe that is why hippies dress as they do. They want to bring to their parents' attention that no matter how unkempt they are they can still love their fellow man.

Autonomy and identity

In one form or another, the drive for autonomy is conspicuous throughout the responses. Boys especially report a generalized protest against interference with "doing their own thing."

Adults' effort to control teenagers' appearance is regarded, on the one hand, as a defect in values—overemphasizing the trivial, judging the outward appearance rather than the inner man—and, on the other hand, as undue interference with individual autonomy. There is a tendency to contrast adults' emphasis on trivia and externals with teenagers' interest in broad positive goals and essential individual worth.

Parents are always looking after their teenagers like their parents looked after them. But times are changing and this brings more freedom and independence to the teenager. He wants to lead his own life and not the one that his parents try to force him into. Parents, WAKE UP!!! He has his own life to live.

Since the questions were focused on adults' behavior lapses, it is probably not surprising that direct or indirect references to teenage identity problems were rare in the responses. Nevertheless, there are occasional reminders that young people are changing and groping, that one aim of young people is to "find themselves."

I still have 2 years of high school left, and I intend to keep struggling in that time to be able to live the life and learn the things I need to, as it is necessary if I wish to be the type of person I think I am.

A number of our correspondents are very explicit about their future opportunity to improve our society, and their determination to make the most of it. "We are the leaders of tomorrow," they declare, adding that they hope to improve on what their elders have done. They clearly believe in their own moral superiority.

We all know what kind of shape the world is in today, after the older generation had charge of it. Today's teenagers want to try and fix it, their own way, and if we don't succeed, it will be through our own mistakes, not through the mistakes of our parents. And we'll be the ones to have the power of changing the world soon.

Eagerness to help

The correspondents' wish for understanding and communication between the generations is underscored by the nature of their response to the invitation to communicate with their Government. The response rate (63 percent) in itself is remarkably high for mail interviews, which as a rule evoke less than a 33-percent response.

Not many comment directly on the request to contribute to *Youth Reports*, but among those who do only three comment negatively while 20 are strongly positive.

This questionnaire is just the typical kind of ineffectual thing the "older generation" would do—pardon my criticism—perhaps you'll get the new communication.

Thank you, great impersonal governmental edifice—for the first chance I've had to express myself.

I don't think it is a problem that can ever be solved, but Good Luck anyway. Maybe the government is good for something, and you can at least ease the pressure.

[1] Herzog, E.; Sudia, C.; Rosengard, B.; Harwood, J.: Teenagers discuss the generation gap. U.S. Department of Health, Education, and Welfare, Office of Child Development, Children's Bureau. Youth Report No. 1. 1970.

youth as advisers to adults and vice versa

HERBERT S. STREAN

The present era is often described as an age of turmoil and drastic change. Young people everywhere are challenging the "establishment" of every type—papal authority, the military, governmental bureaucracies, university administrators, teachers, and parents. College presidents have been resigning in large numbers, and deans, school superintendents, principals, and leaders of youth-serving organizations are being pressured "to prove" themselves to maintain their prestige and status.

Those of us who teach, counsel, and live with children and young people are feeling a strong obligation to examine our transactions with them. "Now that students are voting members of the curriculum committee, what is our role with them?" teachers in colleges or high schools ask. Parents wonder about how much sexual freedom they can allow their offspring without abdicating their responsibilities; and even therapeutic counselors sometimes question whether they are imposing too much "professionalism" on their young clients.

Like many others who live and work with young people, in recent years I have gradually become plagued by many self-doubts as I have reflected on my activities with the young, as a social caseworker, a social worker educator, and a father. At times I have wondered whether I have been acting too benignly and so as "too much of an equal;" at other times I have berated myself for being too dogmatic and insufficiently related to the young person's needs. I have read many articles in professional journals and held long discussions with colleagues, members of my family, and friends in efforts to clarify my uncertainties.

This article is an attempt to report the partial *modus operandi* and *vivendi* that has evolved after a rather long period of self-examination. While buttressed by a theoretical rationale, the formulations to be discussed have arisen largely through personal and interpersonal struggles.

Theoretical rationale

One of the most obvious modifications that has taken place in the last two decades in our society's child-rearing practices, educational efforts, and therapeutic interventions is that we have become more and more "child centered." Instead of feeding an infant on a predetermined schedule, we try to ascertain when he is expressing hunger pangs and then we give him something to eat. We await the maturation of his musculature before we train him to use the toilet. And instead of heaping a child with large doses of sexual information on his 14th birthday, we begin his sex education much earlier by answering his questions whenever he asserts his sexual curiosity.

In education, we speak of "reading readiness;" in psychotherapy and casework we "begin where the client is." As guidance counselors, we accept a youngster's resistance to accepting counsel, and as parents we frequently consult with our children in making family decisions.

Our theories of child development have paralleled these changes in our perspective. Psychosocial development is now regarded as more than the unfolding of instincts: the relatively new ego psychology em-

phasizes the "average expectable environment" and takes into account the ways the social network is transmitted to the child and transmitted by him.

The research of ego psychologists like Erikson [1] and Hartmann [2] has emphasized the need for the adult, whether teacher, parent, or therapist, to tune in to the child's spontaneous assertion of developmental needs and then to meet these needs. Consequently, the child who has "school phobia" for example, is now regarded as a youngster who is suffering not only from separation anxiety, but also from a dysfunctional social system in which the school, neighborhood, and home are not enacting roles entirely appropriate for meeting the maturational needs of the developing child.

"The corrective emotional experience" in psychotherapy,[3] the saliency of "object relationships" in dynamic psychology,[4] and the "opportunity structure" [5] in sociology are only a few of the theoretical constructs implying that helping agents and the social network must be constantly vigilant to the child's spontaneous expression of developmental needs. The appropriate parental, educational, or therapeutic stance, it is now alleged, should be dictated by the child's preverbal, verbal, or nonverbal expressions of need rather than by the adult's preconceived notions.

The classical experiment of Davis, in which infants managed on their own to eat nutritional foods without adult pressure, supports the theory that children are excellent judges of their own needs. The adult, however, must be there to listen and provide.[6] Lewin in his experiments with various types of adult leadership, demonstrated that adolescents are very knowledgeable about the amount and quality of limits, structure, and direction that they need.[7]

In social psychology much emphasis has been placed on mutual role expectations. Several writers have demonstrated that for a relationship to be harmonious and to be experienced as meaningful, role partners must be sensitive to each other's wishes. Studies of therapeutic and educational relationships within the framework of role theory particularly support this thesis.[8, 9]

The following examples are drawn from my social casework practice, teaching experience, and activities with my own children. They suggest that children and young people can offer helpful guidance to the adult when he attempts to counsel, teach, and live with them—in short, that they make eminently qualified consultants.

A casework example

Alfred, a 17-year-old high school dropout, who was a poor reader, was referred to me for social casework help. He was withdrawn from peers and adults, dressed poorly, ate irregularly, and seemed very depressed.

Inasmuch as Alfred had already defeated several guidance counselors and social workers, early in my first interview with him I said I guessed he did not "feel much like coming here." Alfred said I was right. He went on to say that he did not need help, that he knew what was best for himself, and that he hated anyone who told him what to do. He knew "the score." I asked Alfred what *was* best for him and he responded tersely, "Just leave me alone."

A 10-minute silence ensued and Alfred asked, "Can I go now?"

When I assured him that he *could* go, Alfred said, "At first I was sure you'd give me a long pep talk and tell me what to do. That was why I was ready to hate you, but now I'm thinking of coming back."

I told Alfred I would be glad to see him again if that was what he wanted.

In subsequent interviews, Alfred tried to test my sincerity and to ascertain whether I would professionalize the interview and explore his problems or let him set his own pace. He avoided a discussion of personal problems. Instead he discussed baseball, movies, checkers, and cops, and I joined in the discussion of these subjects when he asked my opinion. In the fifth interview Alfred suggested that maybe we could go to a baseball game together some day. I agreed that we might.

Subsequently, Alfred seemed to grow frightened of his positive feelings toward me. In his seventh session he said he would like to withdraw from treatment and not return for any more interviews. Referring to me as "baldy," he mildly ridiculed me for "smoking a stupid pipe," and "laughing peculiarly." When I asked him whether I should stop smoking

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and laughing, he commented, "You really think I know what's best! Don't you?"

I responded with the question, "*Don't* you know what's best?"

"Not always!" Alfred said.

Alfred went on to describe how he "cops out" when he "feels funny." He said that I knew about the reasons for his withdrawal and suggested that I tell him. I wondered out loud whether when he began to feel close to someone he became scared and withdrew, as perhaps he was doing "right now!"

In the next few sessions Alfred described several episodes in his life that corroborated my theory. In his 15th session, he told me that he expected other people to withdraw from him when he started to like them so he decided "to beat them to the punch."

Soon after gaining this bit of insight, Alfred returned to school and began a program in remedial reading and tutoring in several subjects. In his sessions with me, he went into a constructive discussion of his fears of being rejected.

My experience with Alfred demonstrates that when a young person's autonomy, negativism, and resistance to an adult are fully respected and not challenged, he tends to feel less vulnerable. From Alfred and other adolescents I have learned that young people are so ambivalent about wanting advice that when they are permitted to be in the "driver's seat" themselves—that is, to take the role of adviser—they move much closer to the adult. Apparently, when the negative part of their mixed feelings is not questioned, the more positive elements emerge.

Because many adults believe that their own knowledge, expertise, and experience places them in a position of "knowing more" than the young, they are often reluctant to abdicate the role of advice giver. However, a crucial factor for an adult in relating to the young person—particularly the teenager—seems to be recognition that if the teenager is allowed to stay in the "driver's seat" long enough, he will turn to an adult when he realizes that he needs direction.

Student power

In these days of student unrest, young people and the adults in their lives are frequently engaged in a fracas over the issue of "power." Consequently, the more important issues of sound curriculum, morale, and educational objectives get sidetracked. It is easy for the adult to feel that his own power is being taken away, because to wrest it away is frequently the young person's initial goal. Arguments and counterarguments, demands and counterdemands about student and faculty prerogatives emerge, and the power struggle often does not abate until someone is psychologically or even physically hurt.

Use of the students as consultants on the concrete issues that they bring to their discussions with adult authorities can sometimes avert these struggles. The following example is from my experience as chairman of a casework sequence in a school of social work.

Early in the academic year I was approached by a delegation of students who demanded very belligerently that the casework curriculum be drastically revised. Their tone and manner seemed to invite a defensive argument. When I asked, "In what areas?" the students looked surprised. There was a silence of at least a full minute before a student answered, "It isn't sufficiently related to practice!"

"How could it be related more to practice?" I asked.

Another silence of about 30 seconds.

"The classes in school are too theoretical—they should be more specific!" bellowed another student.

Feeling a little irritated by now, but trying to maintain my "cool," I asked, "How can we be more specific?"

Another silence. Finally, one student said, "We have to learn more about psychodynamics."

When I asked the students what they would like, they decided to get together with their colleagues to prepare their demands in writing to present to me at another meeting because they had "just identified the problem in this meeting."

At the next meeting, a week later, my behavior at the previous meeting was characterized as being "on the defensive and not giving enough," and I was warned, "Don't tell us we're projecting!" Conceding that perhaps their charges were valid, I asked the students what we could give them.

"We want the 'dynamics' that we're supposed to get but aren't getting!"

The conversation then shifted to an examination of the casework curriculum and its relationship to the offerings of other departments. The students maintained that the faculty members were all "too sociologically oriented" and that the students needed more information on clinical syndromes. They said that they did not write anything up for this meeting "because this is your specialty."

I told the students what I thought they meant by clinical syndromes and they agreed that "this was

the stuff." I also informed them that this type of material was supposed to be covered in another department. Then, at the students' suggestion, I arranged for consultations between the students, faculty members of several departments, and the dean. In these consultations, the students made concrete suggestions as to what could be added to their usual classes. Their suggested changes, which were adopted by the school, turned out to be rather easy to include in the curriculum. One student summarized the result as "really not a drastic change after all!"

In observing some of the negotiations between students and faculty in colleges and high schools, I have noted two themes that have characterized many of the encounters:

1. Frequently, the students' demands are voiced in such belligerent and intimidating terms that faculty members quickly yield. For a while, all seems fine, but a restlessness in both parties soon manifests itself. The faculty members, feeling they have been "taken," become punitive, and the students often complain later about having "too much responsibility!"

2. The students are told to abandon their plans immediately and leave the school. Both sides get more belligerent and bricks and police arrive. The power struggle goes on for some time.

In neither of these two types of situations are the students used as advisers. In the first instance, the students become anxious because their mentors appear too weak and they feel that they have too much responsibility. The second situation is almost self-explanatory—when the students find no one is listening to them, their anger grows more intense and a battle royal ensues.

My experience with the casework students suggests that the use of students as consultants in the full exploration of facts and issues can obviate battles and power struggles. Neither side appears weak so both retain their integrity.

A warning

One of the dangers of using young people as consultants is that the adult may utilize the procedure to abdicate his real adult responsibility, which the young person wants and needs him to fulfill. The following example from my own family addresses itself to this point.

Experiencing a great deal of ambivalence about sending our 7-year-old son, Richard, to Sunday school, my wife and I asked his opinion about whether he should attend. After he asked many questions about the curriculum, which we answered directly, his response to our question of whether he would like to attend mirrored our own ambivalence. Several conversations took place in which all of us listed the pros and cons, yet a decision was not being made.

Finally, our son said to us, "This is a thing you should decide for me. I'm not sure of the right answer."

Our use of Richard as a consultant in this instance helped us realize just when and where the adult's knowledge and experience had to be asserted. While children and adolescents are not always as direct as Richard was, they do give clues through restlessness, tension, and failure to come to a decision as to when the time is ripe for adult intervention.

Because children and young people are able to express their psychosocial needs spontaneously, it is incumbent on the adults in their lives to be vigilant to these needs and to meet them as quickly and as well as they can. While children do not directly verbalize their needs at every developmental phase, their needs are always communicated to adults in some way.

Children and young people are frequently ambivalent about submitting to the direction and counsel of adults, at least initially. Permitting the youngsters to be consultants to the adult can diminish their negativism and resistance so that the real issues can be faced—whether the issues be at home, school, or in psychotherapy.

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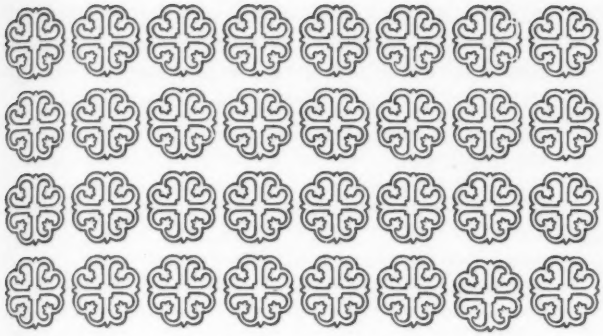

the goal of life enhancement for a fatally ill child

JOAN MORSE

Death from rheumatoid arthritis is a rare occurrence among children. Therefore medical facilities for the treatment of young people suffering from this disease are rarely faced with the need to deal with the meaning of death to their patients, their patients' families, and the members of their staff. Such facilities put their accent on rehabilitation for school or employment or, at the least, on as much self-care as possible. When they *are* confronted with a fatally ill child, their staff members may feel thwarted from the start, unless they take a clear look at the ultimate purpose of medical care: to enhance the quality of life insofar as possible as long as life remains.

This kind of goal reevaluation, with consequent effects on patient care, took place among staff members of the Center for Juvenile Rheumatoid Arthritis at the Robert B. Brigham Hospital in Boston, Mass., during the 3 years they cared for Linda M, the only child who has died at the center as the direct result of arthritis since the center was opened in 1963.

During the years Linda was under the center's care, she spent 360 days as an inpatient, divided over four hospital admissions. The rest of the time she was under the center's close supervision as an outpatient. From the time of her first admission it was apparent that she would not live to become an adult. Rehabilitation as a goal was out of the question, but it could be, and was, replaced by two goals for Linda and her parents: (1) enhancement of their lives for the remaining time they had together, and (2) mobilization of their strength to cope with the inevitability of death. The well-being of the other patients required a third goal: helping them deal with their feelings about Linda's long struggle and her eventual death.

Trained to work as a team,[1] members of every discipline represented on the center's staff—physicians of various specialties, social workers, nurses, physical and occupational therapists, and auxiliary workers—strove to achieve these goals. They designed a program based on principles that have been outlined in professional literature by persons whose work more frequently confronts them with impending death in children.[2, 3] For Linda and her parents these principles required:

- The provision of one strong, guiding physician to deal directly with the child and her parents, regardless of how many other physicians became involved in treating her.

- The provision of skilled nursing care by staff members who were sensitive to the meaning of the child's emotional reactions.

- The provision of social service to the child's parents to strengthen their resources in whatever way needed to deal with the impending crisis.

- The development of understanding on the part of the entire staff of the child's psychological defenses and the effects of her illness on her parents.

For the other children in the center, who not only knew and loved Linda but also were suffering from

the same disease that she had, the principles required:

- The development of staff understanding of the anxieties aroused by what was happening to Linda.
- The provision of opportunities for each child to deal with those anxieties in his own way.
- The development of awareness by all staff members of their own feelings in relation to Linda's death and how these feelings might affect the other children.

First admission

Linda was 11 years old when she was first admitted to the Juvenile Rheumatoid Arthritis (JRA) Center on referral from a pediatric hospital. She has been chronically ill with arthritis since the age of 22 months. Psychological testing performed at the referring hospital had labeled her as mentally retarded, thus making her ineligible for admission to a hospital school that had been recommended for her.

Linda lived with her parents, three younger brothers and a baby sister in a small city near Boston. Her father, a salesman in a hardware store, was a former serviceman, and therefore her hospital expenses were met for a while by the Veterans' Administration. Later they were paid through Medicaid.

Linda's first stay at the Juvenile Rheumatoid Arthritis Center lasted 259 days. When she entered she had fever, pain, and so much limitation of motion in all joints that she was unable to walk. Examinations revealed marked destruction of the joints in her hips and hands and flexion deformities of both knees. A rectal biopsy confirmed a diagnosis of amyloidosis, a condition in which glycoprotein deposits gradually infiltrate vital organs, eventually causing death.

Immediately following the diagnostic workup, the director of the center personally informed both parents of their child's poor prognosis. At the same time he told them that everything possible would be done to help her develop her capacities for enriching the remainder of her life. Although many consultants assisted with the case as well as the hospital's resident physicians, who changed from time to time, one physician, the center's director, was in charge of Linda's overall care for the remainder of her life. Since Linda's condition fluctuated, the fact that her parents always knew who was in charge of her case gave them a feeling that there was somebody they could rely on at all times. It also helped them come to grips with the true nature of Linda's illness.

Gradually Linda's parents realized what the physician meant by a program to enrich Linda's life.

Periodic medical reevaluation of the effects of her medication kept her fever down and made her more comfortable.

Intensive physical therapy, carried out by a physical therapist under the supervision of an orthopedist, enabled her to walk again with the use of braces and platform crutches.

Occupational therapy taught her how to make many different kinds of things, often with other hospitalized children. Her productions included a planter, which she later used for growing flowers by her bedside, and puppets and scenery for a show in which she participated. The occupational therapist made cock-up splints to support Linda's wrists while she worked. She also taught Linda how to bathe and dress herself with the use of various devices. Soon Linda required help only in getting in and out of the bathtub.

Tutoring, first by a high school student working as a volunteer tutor during the summer months and later a professional tutor from the public school system, helped Linda with her studies. In a short time her academic work was almost up to the grade level for her age—an indication that, far from being mentally retarded, she was really very bright. Undoubtedly her previous low I.Q. score had only reflected the limitation of her experiences and the constant interruption of her schooling.

Gentle nursing care, provided by nurses who uncritically accepted Linda's tendency to gruffness and sarcasm, evoked her complete cooperation through many unpleasant, and sometimes painful, procedures. Skilled at "listening with the third ear," the nurses recognized that her negative remarks were part of a spontaneous mechanism for self-protection, developed over many years of illness. For example, when Linda accused the head nurse of hanging one of her finger paintings upside down, calling the nurse a "dope" who didn't know "which end is up," the nurse took this as Linda's way of asking for reassurance about her ability to tell "which end is up." The nurses soon learned that Linda, who was basically a polite child, reserved her most sarcastic remarks for the staff members she liked and trusted most.

The nurses encouraged Linda's activities, and helped her participate in those of the other children.

They even helped her change her hair style and apply simple cosmetics at a time when her adolescent roommates were experimenting with lipstick and nail polish. They responded enthusiastically to her excitement over the holiday and birthday festivities planned for the patients by the center's occupational therapy, nursing, and dietary services. Linda's parents and little brothers were always invited to these festivities.

Friendships with other children, the first Linda had ever really had with others of her age, developed along with her personality as she achieved greater physical independence in the hospital. Her manner with the other children was uniquely honest and direct, and she displayed a real sense of humor. All the other young patients liked her. Moon-faced from her medication and deformed from her crippling disease, she presented a grotesque appearance, yet she was never teased by another child. The respect and genuine affection accorded her by the other children was, in fact, unusual, for often handicapped children bolster their own fragile egos by picking on a child who seems even more "different" from normal children than they. The other young patients often laughed with Linda, but they never laughed at her.

Helping the family

The responsibility for helping Linda's parents meet their problems and plan for her extended care lay with the social worker assigned to the JRA Center. Assessing the parents' psychological health as basically good, the social worker tried to help them maintain normal family relationships insofar as possible throughout Linda's long stay in the hospital and prepare for carrying out the medical recommendations at home should Linda improve enough to leave the hospital. In spite of the distance between the family's home and the hospital, she encouraged the parents to visit Linda frequently so that they could maintain their feeling of closeness to her. Linda's mother took her first driving lessons at the age of 36 so that she could visit Linda at times when her husband was working or staying at home to care for the other children.

Not unnaturally, even this strong family showed signs of the constant strain of their child's illness. The mother especially felt depressed at times when Linda failed to respond to the medical treatment. As she discussed these feelings with the social worker, she recognized that her greatest fear was that she would be unable to cope with the tremendous demands of her family responsibilities. Having grown up under the shadow of her own mother's recurrent depressions, she seemed haunted by the fear that she might not be able to "keep going." The social worker assured her that, if need be, her doctor could prescribe one of the psychotrophic drugs that today makes it unnecessary for most people who are subject to recurrent mood swings to "drop out" from normal life. As it turned out, the only medication of this type that Linda's mother required during her daughter's long illness was an anti-anxiety agent for premenstrual tension.

Throughout her contacts with this family the social worker supported the authority of the father as the head of the family. While Linda's mother had grave doubts about her adequacy to care for Linda along with her other children, she left all crucial family decisions up to her husband. Linda's father made it clear from the beginning that he would not consider placing Linda in an institution for permanent care, although he realized that the burden of caring for her at home was an exhausting one for himself as well as his wife.

As the social worker came to know the father, she saw that he indeed had the inner resources to keep his family intact through the inevitable problems ahead. With ideas on fatherhood and child-rearing gained from a childhood in a stable, loving, and disciplined family, he regarded the challenge of raising a family under the constant strain of Linda's illness as a test of his own masculine strength.[4] Proud of his wife, he was confident that together they would "manage somehow."

When Linda's disease seemed under fair, if temporary, control and she had achieved a greater degree of independence than ever before, the medical team decided that both she and her parents could benefit by being together at home. Before discharging Linda, however, the team involved her parents in the cen-

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ter's customary predischarge "family training program." Through this program they had detailed discussions with the resident physician and the head nurse and repeated sessions with the physical and occupational therapists regarding Linda's physical status, her customary daily routine, and how much she could be expected to do for herself using the devices and skills acquired at the hospital. After these sessions in the hospital, Linda's mother began to feel much more confident of her ability to care for Linda at home.

Intervals at home

At home Linda tried out new experiences. She attended a drive-in movie for the first time in her life. She visited a mobile school unit where lessons in art and remedial reading were provided by the local school system to supplement home tutoring for severely handicapped children. She attended church.

For the first time in years Linda's parents felt that their home was offering their handicapped daughter a chance to grow and develop. Through the instruction they had received from the hospital staff, they helped her maintain her new degree of independence. Confident of the continuing interest of the hospital staff, they were able to give up their fear of having to place their child in a medical home.

While living at home, Linda received periodic medical checkups at the JRA outpatient clinic by the senior physician in charge of her case. She always used her clinic visits as opportunities to visit with her favorite nurses and her friends who were still in the hospital or who were attending clinic that day. Knowing that Linda would one day return for inpatient care, the social worker helped her maintain her ties with the inpatient department by helping her find the nurses to whom she was especially attached.

Two subsequent periods of hospitalization sustained Linda during acute medical crises so that she could again return home. At the time of the first readmission, her father recalled how "torn apart" he had felt when he had had to return her to other hospitals, but he said he felt "all right" about returning her to the Robert B. Brigham Hospital because so many people there "cared."

Linda's third admission was particularly difficult for her parents. The mother had become pregnant and developed phlebitis and had been warned by her doctor to limit her activity. The hospital social worker urged the parents to apply to the local family agency for homemaker service, but they preferred to manage alone with the help of the other children. Retaining their independence as much as possible seemed to bolster their strength to prepare for further crises.

The final admission

Several weeks after Linda was discharged from the hospital for the third time, her favorite nurse received a note from her reporting the arrival of a new baby sister. Then, only 10 days after the new baby had arrived, Linda, now 13, was readmitted to the hospital through the emergency service. She had suddenly developed acute trouble in breathing. The only bed available for her was in a room with four other children. One was a friend of hers, 10-year-old Kathy. During her second night in the hospital, Linda developed convulsions and suffered a brain hemorrhage; she was then moved to a private room.

Kathy had been awake during the emergency room procedures associated with this episode. The next morning she asked to talk with the social worker, who had known both children for a long time. She told the social worker in great detail what had happened the night before. Thinking Kathy might be afraid that the same thing could happen to her, the social worker told her that Linda's critical condition had no relation to the kind of arthritis for which Kathy was being treated. However, Kathy showed no interest in the worker's intellectual explanation. She simply said she wanted Linda to improve quickly so they could be roommates again.

A few minutes later, however, Kathy began to sob. She said she was worried about her pet dog who had been run over several days before. A telephone call to Kathy's home brought the news that her dog was "off the danger list," and Kathy quieted down. Unable to face her fear that she might meet the same fate as her friend, Kathy managed to displace her worries about Linda *and* herself onto her pet, whose accident was much easier for her to discuss and to cry about. Displacement of this type is commonly used by hospitalized children to deal with the suffering they witness.[5]

After the brain hemorrhage, Linda was given last rites by the hospital's Catholic chaplain. The senior physician in charge of her care telephoned her parents to tell them her condition was critical. Both parents came to the hospital at once to see Linda, but she was unresponsive.

When parents realize their child is about to die,

they sometimes relieve their feeling of utter helplessness by transforming it to anger against another person.[6] After seeing Linda in a comatose state, her father sought out the resident physician and angrily told him he would not permit an autopsy, although no one on the staff had mentioned this. In anticipating her death he was, in a sense, already beginning to prepare himself for her loss. Some observers have noted that when parents facing the loss of a child have an opportunity to express their immediate feelings, they can function better afterwards.[7] This seemed to be so with Linda's father for after his outburst against the resident physician he was able to take hold. Recognizing the importance of getting his wife home to the new baby and the other children, he took her away from Linda's bedside saying, "These things can go on a long time."

Linda was unconscious the last 3 days of her life, but her mother came to the hospital every day. During her visits she would sit with Linda for a while and talk briefly with the resident physician. She spent a great deal of the time with the social worker discussing what was happening and her feelings about Linda. She told of how she and her hubsand had at first thought Linda would again pull through a crisis and of how much Linda had enjoyed the new baby and had helped to choose the baby's name. Between her visits to the hospital, she made frequent telephone calls to the social worker for information about Linda.

Linda died peacefully at 3 o'clock one Sunday morning. Her devoutly religious parents seemed to find solace in learning that several nurses, who had volunteered to stay with her at night, had joined together at her bedside to recite the Rosary.

Several weeks later, Linda's parents gave her folding wheelchair to the hospital. Later, they came to the hospital together to show the new baby to the staff. At Christmas, in spite of their many obligations, they sent a check to the hospital in Linda's memory, because she had always had "so much Christmas spirit and enthusiasm."

Staff and patients

While Linda lay dying, regularly scheduled team conferences gave staff members an opportunity to discuss their ideas of what her impending death would mean to the other children on the floor. Inevitably the attention had to be turned to the feelings of the staff members themselves, for the discussions soon revealed the truth of observations that hospital staff members are no more immune than their patients to feelings, fears, and anxieties concerning death.[8] Already a young nurse had told a child that Linda had been moved to a private room because she had a cold. In doing so the nurse may have been protecting her own feelings rather than those of the child.[8]

Members of the team that had been directly participating in Linda's care particularly had to face their own feelings. In a team meeting someone suggested telling the other patients that Linda had been transferred to another hospital. This suggestion brought up the question of how such evasion would affect the children's ability to trust adults. Moreover, it soon became obvious that the hospital "grapevine" was providing the other patients and their parents with frequent, if inaccurate, bulletins on Linda's condition. The team decided to be honest with the children and to help them master their feelings realistically.

After the team meeting, the social worker got in touch with the parents of the four other young arthritic patients in the hospital, for by this time the parents of all the arthritic children registered with the center had developed a special closeness with one another. Kathy's mother asked to be called if Linda died so that she could be with Kathy directly afterward.

However, on the morning after Linda's death a floor nurse who was helping Kathy with her morning routines told her that Linda had "gone to heaven." Kathy, a sensitive child and devoted to Linda, immediately said, "You mean she died, don't you?" Her directness suggests that children are sometimes ready to deal with death more realistically than adults.

When a social worker visited Kathy later that morning, Kathy asked her for some paper to use for a letter to Linda's parents. She wrote, "I hope the new baby will take Linda's place."

This time it was the social worker who became protective of people's feelings. She encouraged Kathy to try a less blunt version, and Kathy decided on, "I hope the new baby will grow up to be as nice as Linda." Her original thought was less gracious than the first but probably more accurate in terms of parental hopes. Replacement of a deceased child by a new baby, often expressed as a desire by bereaved parents,[7] had in a sense already taken place in this family.

Not long after Linda's death, the staff of the center had another experience that revealed to them some of the ways children find to cope with the impending

death of a friend. A 7-year-old child named Helen was admitted with symptoms of arthritis. She became rapidly worse systemically and progressively withdrawn psychologically. The only person to whom she would respond was 9-year-old Judy, her lively and outgoing roommate.

After further studies indicated that Helen was suffering from leukemia, she was transferred to another hospital. By this time, she was almost completely mute. Because the transfer was accomplished the same morning the diagnosis was confirmed, the arrangement was not explained in advance to Judy, who had spent the morning in physical therapy.

When Judy returned to her room, she was furious to find that Helen had gone. Her first words were, "How could she leave without saying goodby to me?" She completely suppressed her knowledge that Helen was far too sick even to talk to her.

When her anger subsided, Judy began to discuss Helen as if she had been the most charming and responsive friend she ever had. She filled in for herself all the desirable personality traits that were inhibited by Helen's illness. The staff members accepted Judy's statements as necesary for her, remembering how the children who knew Linda could speak of her only as a loyal friend and never of her condition as a dying child.

The meaning

What did the hospital team members learn as they worked with Linda and her family? They learned that—

1. Comprehensive treatment can enrich the quality of life for a fatally ill child for whatever time remains.

2. The development of good relationships with the patient's parents during the remaining life of a fatally ill child can make it easier for the family to cope with the crisis of death, and to carry on effectively afterward. The experience with Linda's family is consistent with observations of Lang and Oppenheimer who in reporting on a study of 165 fatally ill children noted that human beings show "the capacity to mature and grow in the process of learning to cope with severe stress." [9]

3. Children can often cope with their feelings about death and dying more realistically than adults expect them to. If they cannot face their feelings, they can readily displace them onto some less threatening situation.

4. Regular opportunities for communication help team members deal with their feelings openly and constructively at times of crisis as well as formulate unified plans for patient care.

In Linda's case a child's unique spirit, courage, and humor, developed in response to the care she received, helped everyone—her parents, the staff members, and other patients—to triumph over the knowledge of inevitable death.

In a very real sense the experience confirmed the truth of Arnold Toynbee's words: "Love cannot save life from death, but it can fulfill life's purpose."

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SOME HIGHLIGHTS FROM THE NUTRITION CONFERENCE

MIMI SIMMS

Associate Editor

Guidelines for ending hunger and malnutrition due to poverty in the United States and for a broad national effort to improve the nutritional health of all citizens were presented to President Richard M. Nixon on December 24, 1969, from the White House Conference on Food, Nutrition, and Health that met in Washington, D.C., December 2–4. In transmitting the report, Conference Chairman Jean Mayer, the President's special consultant on nutrition, pointed out that the first priority of the 3,000 participants was a commitment to action to alleviate hunger.

In response to recommendations of the White House conference, the U.S. Department of Agriculture has taken action to broaden its food stamp program for low-income persons by reducing the cost of stamps. An eligible family of four can now buy $106 worth of food stamps a month (compared to an allotment as low as $58 in December 1969), with payments ranging from $2 if the monthly family income is less than $20, up to $82 if the income is $359. Additional steps are being taken by the Federal government to reach the following goals:

- Food stamp or food distribution programs in operation in every county in the United States by June 30, 1970, including the 307 counties that did not have a Federal food program at the time of the conference.
- Free or reduced price lunches for 6.6 million children from low-income families by Thanksgiving 1970.

The national conscience requires us to "put an end to hunger in America," said President Nixon in addressing the conference. Considering the effects of malnourishment, he said: "A child ill-fed is dulled in curiosity, lower in stamina, distracted from learning. A worker ill-fed is less productive, more absent. The mounting cost of medical care for diet-related illnesses; remedial education required to overcome diet-related slowness in school; institutionalization and loss of full productive potential—all of these place a heavy economic burden on a society as a whole."

Participating in the conference were nutritionists, physicians, teachers, students, public health workers of various types, food producers and processors, food service industry personnel, representatives from local, State and Federal Governments, and leaders of consumer and voluntary action organizations. In addition, 400 attended as representatives of the poor, including members of racial and ethnic groups—Negroes, Caucasians, Mexican-Americans, Puerto Ricans, American Indians, Alaskan natives, and residents of Pacific Trust Territories and Caribbean Islands.

The real work of the conference was the hammering out of final recommendations based on preliminary statements prepared by groups of experts who met in the fall of 1969. This procedure was carried out in the open sessions of 26 study panels and eight task forces. Their discussions were focused on six major topics: surveillance and evaluation of the state of nutrition of the American people; guidelines for the nutrition of vulnerable groups, with special reference to the poor; provision of food as it affects the consumer—guidelines for Federal action; nutrition teaching and nutrition education; food delivery and distribution as a system; and voluntary action to help the poor.

The participants looked at problems of food and nutrition in a broad social context. One study panel concluded, "Nutrition needs cannot be met in isolation from other basic needs for shelter, clothing, health care, education, love, and environmental support to modify conditions of social deprivation." Another panel pinpointed lack of income as the basic cause of hunger and malnutrition. Its members said, "Unless a family can be assured sufficient income to provide a level of adequacy for all basic items of living, nutrition education is predisposed to certain failure."

Against hunger

Estimates of the number of hungry and malnourished in the United States ranged from 10 to 15 million persons; middle-income as well as low-income participants at the conference stressed the need to feed the hungry, "not to survey them again." One panel was told that three-fourths of the estimated 25 million poor people in the United States were not reached at all by Federal food programs at the time of the White House Conference.

Agricultural economists assured other panels that the current production of food is more than sufficient to supply the nutrient needs of every member of the U.S. population. Reported one panel: "We have all the knowledge and resources needed to completely eradicate hunger and malnutrition now." The task

force from religious organizations declared, "The curses that afflict our society stem not from hunger and malnutrition, but from our own irresponsible indifferences."

A five-point statement prepared by several task forces representing citizens' groups was endorsed in principle by voice vote at the final conference session. The statement set priorities for attacking hunger and malnutrition, which involved the following principles:

1. Recognition of a "national hunger emergency" and use of existing authority to free funds and implement programs to "feed all hungry Americans this winter."

2. A minimum guaranteed family income.

3. Immediate reform and expansion of present interim food programs—food stamps, commodity distribution, emergency food, and medical services—to assure "truly adequate benefits and participation by all who need them" until "adequate income becomes a reality."

4. Immediate broadening of the national lunch and breakfast programs for school and preschool children.

5. Transfer of administrative responsibilities for all hunger relief and nutrition programs to the Department of Health, Education, and Welfare, giving recipients responsibility for local administration of the program under standards determined by the Federal Government.

The specifics of the antihunger priorities were the subject of some disagreement among conference participants. For example, some participants argued that providing free school breakfasts and lunches only for children of low-income families stigmatizes the children receiving them; they advocated free food programs for all children to assure that nutritional needs are met. Other participants questioned the practicality of providing free school food programs for all children because of the cost to the government.

Controversy also arose over the amount—but not the principle—of the guaranteed adequate income. A professor of economics said that the assurance of $5,500 for a family of four, suggested in the task forces' statement, would cost $70 to $80 billion annually. Some participants suggested an even higher income level, citing $7,836 as a "moderate" income for an urban family of four in 1967.

Dr. Mayer pointed out that the conference vote was only an endorsement of principles and not a commitment to any specific figures.

Mothers and infants

Three panels recommended that breast feeding of babies be reemphasized in nutrition education programs for the "vast majority of women who are physically and emotionally capable of nursing their babies." Discussions in one session called for teaching physicians, nurses, and other health workers how to help a mother nurse her child successfully. In describing breast milk as the "perfect food" for meeting an infant's nutritional needs, one panel pointed out that its benefits include "protection against infection and allergies that cannot be duplicated."

The panel to establish guidelines for the nutrition of children and adolescents recommended highest priority be given to assuring adequate nutrition for the fetus, infant, child, and adolescent. A pediatrician described the needs of pregnant women, young infants, and children and called for well-planned nutrition and feeding programs to prevent intellectual impairment resulting from malnutrition.

Nutrition of the entire family must be considered as a unit, according to the recommendations of several panels. The panel on the nutrition of pregnant and nursing women and young infants branded as "unrealistic" programs that assume "some family members can eat less well than others while all are seated together at the family table." The panel opposed programs to make food available solely for pregnant women and infants, although it acknowledged their special needs.

The same panel expressed concern about the poor nutritional status of many adolescent girls, pointing out that nutritional status from infancy onward affects the outcome of a woman's pregnancy, and so the health of generations to come. Adolescent girls in particular are vulnerable to the casualties of pregnancy, panel members said; when such girls are poorly nourished, they and their babies have a disproportionately high rate of maternal and infant mortality and birth defects.

Two panels differed in their views of the addition of salt to commercially prepared baby foods. The panel on nursing women and infants found "no scientific basis" for removing salt from baby foods, but recommended continued collection and examination of data in this regard. One scientist maintained that salt meets a major physiological need of infants who consume a diet high in potassium, and warned of acidosis in breast-fed infants who receive supplementary vegetables and fruits without added salt.

On the other hand the panel on children, after hearing a report of experiments in which the addition of salt to the diet of rats produced hypertension, concluded that reduction in amounts of salt in commercially prepared baby and junior foods is "desirable."

It was pointed out that the controversial issue of salt in baby food is presently under study by a committee of the National Academy of Sciences.

Surveillance and research

To find out what the Nation's continuing nutritional problems are, one panel proposed that the Department of Health, Education, and Welfare make a long-term survey of national nutritional status. Priorities were suggested for monitoring the diets of preschool children, expectant mothers, primary school children, and low-income groups.

"Certain segments of our population—particularly some infants, preschool and school-age children from low-income families—do not receive enough food," one panel reported. Participants referred to studies finding low levels of calorie and protein consumption and unacceptable levels of iron, vitamin A, vitamin C, and iodine intake among such children. The panel on children and adolescents reported that these deficiencies, while all individually serious, are not nationwide problems—except for iron deficiency.

A number of panels agreed that adequate income does not automatically insure proper nutrition. Too many calories, too little physical activity, obesity, and unwise food choices are problems that the poor share with the affluent. In spite of the excellent information on nutrition and health that is available today, one panel said, many children are given potato chips and a bottle of carbonated drink for breakfast.

The establishment of a Federal office or commission or both to coordinate expanded nutrition activities was sug-

gested by several panels. Conference participants acknowledged the need for additional research relating nutrition to human growth and development, mental retardation, diseases, new and customary foods, food safety, and many other areas, and the need for more professional nutritionists, new careers for nutrition aides, and training of teachers, health personnel, preschool center staff members, and food service workers who influence food habits of others.

Some recommendations

Among the hundreds of other recommendations contained in the report are the following, in brief:

- Steps to prevent and eliminate iron deficiency anemia in infants, preschool children, and women through the use of iron-fortified foods or medicinal iron, including a study of effective ways of fortifying some basic foods with iron.
- Expansion of day care centers, with adequate nutritional services, for preschool and school-age children, to serve 3.5 million children by 1975.
- Fluoridation of drinking water, the provision of fluoride supplement, or the topical application of fluoride to the teeth of children to prevent or reduce dental caries.
- Education about the damage that candies, confections, and beverages containing sucrose can do to children's teeth, and development for vending machines of new types of snacks that do not contain sucrose.
- Prevention of obesity through the encouragement of vigorous physical activity for children from preschool through senior high school under trained physical education instructors, and the use of school facilities for supervised physical activities and recreation during nonschool hours.
- Programs to meet the nutritional and activity needs of handicapped and institutionalized children.
- The provision of low-calorie foods for overweight children in lunches served at school and preschool centers.
- Federal regulations to sustain family income of working women during pregnancy by establishing standard practices for unemployment compensation and assuring job security.
- The provision of family planning information and services to all who request them, including adolescent girls.
- A major nationwide program to attack the problem of drug usage among teenagers, "since drug users often have flagrant nutritional deficiencies."
- Fortification of staple foods (such as flour, bread, noodles, rice, processed meat, corn meal, and other corn products) with proteins, amino acids, vitamins, and minerals, and a program to educate consumers on the benefits of fortified foods.
- Reemphasis of the need for iodized table salt to prevent goiter, a health problem beginning to reappear in some parts of the United States.
- Development of supplemental edible protein sources from fish concentrate, glandless cottonseed, and micro-organisms.
- Regulations that assure food safety but permit the production of nutritious and economical foods, both customary and new.
- Improved labeling of foods in terms that consumers can understand, to disclose facts related to nutrition, health, and safety.
- A comprehensive National Nutrition Program, providing new approaches to the achievement of good nutrition and adequate knowledge about how to use available foods effectively, aimed at all age groups, but designed especially for the "ordinary citizen."
- Establishment of community nutrition centers to provide education and consultation to persons with nutritional problems and training for nutrition aides.
- Increased Federal financial support for training nutritionists and dietitians.
- During the interim until food stamp programs are discontinued, flexibility in regulations to allow the use of food stamps to buy cleaning materials as well as food; elimination of sales taxes on food purchased with stamps; and self-certification by recipients and delivery of stamps through post offices to preserve the dignity of recipients.
- Adoption of a 1970 Children's Emergency Food Service as a crash program to feed all school children who are high nutrition risks. This program, as proposed, includes federally financed school breakfasts that are coordinated nutritionally with school lunches.

President Nixon has said he will call a small followup meeting about 1 year after the conference to reexamine the findings and measure what progress has been made toward implementation.

Providing a nutritious school lunch—such as the one these girls are enjoying—to all hungry children in the United States free or at reduced cost is one of the priorities set by the 1969 White House Conference on Food, Nutrition, and Health.

an essay review . . .

MOBILIZING FOR OPPORTUNITIES FOR YOUTH

MARY BLAKE

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Those of us who lived and worked in the last two decades to create public awareness of problems of the poor, neglected, and delinquent and to develop new services for them will derive satisfaction and benefits from reading the recently published four-volume history of Mobilization for Youth,* the innovative demonstration programs for controlling delinquency in New York's lower East Side. It is written with unusual candor, honesty, and obvious emotional dedication by 19 authors, who were all closely involved in the program's planning and operation. They experienced failures as well as successes; weathered internal struggles between widely differing viewpoints and professional orientation; and withstood attacks from outsiders over the first 5 years of this unique organization's life.

Child development specialists tell us that the first 5 years of a child's life are crucial to his development as a productive, social being. If the same is true for social institutions, Mobilization for Youth (MFY) may well enjoy a long and productive life.

Each of the four volumes can stand alone as a useful document. Together however, they project a picture of the evolution of program activities and services based on the application of the opportunity theory, which has greatly influenced delinquency control programs as well as recent attacks on poverty. Thus, limiting one's reading to part of the history is not recommended. The volumes are relatively brief, succinct, and helpful in identifying why there is such an emphasis today in giving people a voice in planning and operating the services they use.

Probably more has been spoken and written about MFY than any other single voluntary social agency in the United States today. It would be impossible here to describe or even enumerate all of its services. The books do that. Instead I will present only some of the highlights, issues, and conclusions they contain

Individuals and groups

The volumes are not numbered but since MFY grew out of the desires of Henry Street Settlement and other social agencies in New York's lower East Side to reach and serve alienated, acting out, opting out, and delinquent young people and their families, I will begin with the one entitled, "Individual and Group Services."

MFY attempted to develop a new casework method—an approach to helping people that emphasized altering behavior and personality through the reconstruction of social circumstances buttressed by supportive casework relationships. It placed emphasis on meeting the needs of slum dwellers by providing easily accessible, immediate, and concrete help through neighborhood service centers. Since MFY sought to serve the economically lowest 20 percent of the population, the decision to concentrate on improving the clients' material well-being was a logical one.

Experiences of staff members in the centers soon propelled them into becoming active advocates for the poor. In this role the MFY worker was to intervene with an agency, usually a government agency, on behalf of the client. What the worker did, in fact, was to fill the power deficit by acting as the client's defender. Another major purpose of the caseworker's role was to help effect institutional change.

Another MFY departure from traditional methods of providing individual services has been its use of "indigenous personnel"—people from the community being served. These new workers are not only providers of services, they are interpreters of the slum to the professional staff. They also interpret to slum dwellers the presence of community workers otherwise seldom encountered on their streets and tenement stairways.

The section on individual services closes with the following observation:

"There is, however, a trend toward acceptance of the idea that in work with the poor, training is crucial, but that training need not be university training. The indigenous personnel themselves classify the MFY clients into approximately three groups: One group needs only knowledge to help themselves; a second group needs knowledge and the support of a friendly agency, organization, or social worker; those in the third group cannot help themselves, either because of the sheer number of their accumulated concrete problems or because of disabling emotional problems."

The early work with youth gangs—the inspiration for the initial attempts of lower East Side agencies to obtain funds to work with delinquents—developed a purpose and a focus from opportunity theory enunciated by Lloyd E. Ohlin and Richard A. Cloward. As pointed out in "Individual and Group Services," opportunity theory was based on the assumption that "in order to reduce the incidence of delinquent behavior or to rehabilitate persons who are already enmeshed in delinquent patterns, we must provide the social and psychological resources that make conformity possible."

MFY has put its major effort on providing opportunities for jobs, education, and a variety of social and medical services. This approach to de-

*INDIVIDUAL AND GROUP SERVICES—In the Mobilization for Youth Experience—192 pp. EMPLOYMENT AND EDUCATIONAL SERVICES—224 pp. COMMUNITY DEVELOPMENT—190 pp. JUSTICE AND THE LAW—220 pp. Harold H. Weissman, editor. The New Social Work Series. Association Press, 291 Broadway, New York, N.Y. 10007. $4.95 each.

linquency prevention represents an almost complete shift from the original approach of most of the agencies in the area, which had envisioned stepped-up group and recreational services. What happened was that such familiar programs became the means for discovering and recruiting young people for participation in other programs and services provided through MFY.

In the concluding chapter in this volume, the editor, Harold Weissman, says that there has never been any clear answer as to the wisdom of this decision. He indicates, in fact, that MFY did not use the power of peer groups sufficiently to support a number of program ends. He goes on to suggest that the role of group-service agencies might well be to relate their informal group programs to school curricula and work crew skills in order to bring relevancy to all of the young people involved.

Employment and education

Employment and education services were the major thrusts of MFY. Their objectives were to increase the employability of young people from low-income families by helping them develop useful types of skills; to increase the number of employment opportunities for the same group of young people; and to increase the visibility of job opportunities open to them.

In the volume, "Employment and Educational Services," MFY's attempts to achieve these objectives are credited with influencing the development of the program of the Neighborhood Youth Corps under the Office of Economic Opportunity. These services highlighted a major issue that has permeated much of the MFY program: Is the agency's primary role to demonstrate or to provide services? When it comes to jobs or training for jobs, potential clients have asked this question. According to Mr. Weissman, it has never been answered with complete satisfaction to everyone.

This volume concludes that the major problem that youth-employment programs must address themselves to is the trainees' sense of competence. It is today's world of work that is the core of youth's problems and needs. However, the social structure must achieve a better balance between job training and general education in relation to the total economy.

MFY's five-pronged educational effort consisted of teacher training, curriculum improvement, activities to improve school-parent-community relations, attention to reading and other learning problems of students, and guidance and attendance services. None of these efforts has been welcomed wholeheartedly by the schools. In fact an aura of distrust developed early and has never been dispelled. This has led MFY to conclude that demonstrations should be attempted only if the responsible parties on all sides have agreed to become committed to aspects of the demonstration that are proved to be effective. Since it has not met with this sort of commitment on the part of school authorities, MFY admits to having achieved very little improvement in the New York City school system.

Another cogent reason identified for part of the failure to achieve change in the school system was that despite the seemingly large MFY expenditures for educational activities, the total amount represented only about 5 percent of the school budget in the area.

Community development

The community development part of MFY activities has consisted of a mixture of social services, social protest, and social organization. From the beginning MFY's goals have been to organize the community to increase the residents' awareness of its problems; to raise public issues concerning the community's needs; and to attempt to overcome the sense of powerlessness, apathy, and self-depreciation that are generally characteristic of slumdwellers.

At first MFY attempted to achieve these goals through organizing individuals, especially persons unaffiliated with any community organization. It discovered, however, that the unserved and unorganized were more interested in securing immediate help and access to MFY's fiscal resources than they were in securing a voice and power in community affairs.

This desire for concrete help led the agency to phase 2, in which it attempted to organize people on the basis of issues that, when resolved, had a chance of producing tangible results. It moved from creating small organizations to mass protests.

Skepticism about what could really be achieved through mass protests led to the third, or coalition, phase of the program. This phase produced the ultimate conviction that the intermixture of the three phases was the most useful procedure for bringing about improvement in the slums.

Other chapters in this volume describe in great detail particular aspects of MFY's services and activities. There is also a very frank appraisal of the attack on MFY, which the organization survived. The following quotation is pertinent:

"To make the public at large aware of social issues and potential solutions is a major function of social agencies."

Justice and the law

Not until some time after MFY began operating other programs did the staff become conscious of the need to set up a legal services unit. What finally evolved was a unit with a three-pronged function: (1) to provide direct and referral services to people in the area; (2) to give legal orientation to staff members, clients, and community leaders; and (3) to use the law as an instrument for securing social change.

The success was striking in the first case, and adequately successful in the second, but in the third, the historian admits that it was not very successful.

"Justice and the Law" contains a chapter on administration by MFY's current director, Bertram M. Beck, that is "must reading" for anyone interested in what can be learned from MFY's successes and failures.

In analyzing MFY's attempts to produce social change in the lower East Side, Mr. Beck points out that the pace of this sort of endeavor has accelerated greatly in the last decade, with the help of Federal funds available for delinquency prevention and antipoverty programs.

But Mr. Beck says that the agency has concluded that only the redistribution of wealth can make a significant dent in social pathology. This belief has led the board and staffs to redesign MFY's program and to give it a new name that describes a new purpose: Mobilization for Economic Opportunities.

Thus MFY (now MEO) remains an avowed renegade from traditional programs based on psychological theory. Instead of helping its clients to adjust to the *status quo*, it will continue to work for institutional change.

BOOK NOTES

FAMILY PLANNING PROGRAMS: an international survey. Edited by Bernard Berelson. Basic Books, Inc., New York, N.Y. 1969. 310 pp. $7.95.

"No problem is more urgently important to the well-being of mankind than the limitation of population growth," says John D. Rockefeller 3d, chairman of the board of trustees of the Population Council, in the introductory chapter of this book, presented as part I. He lists four elements of change that offer reason for hope for action on the population problem: (1) recognition of the existence of the population problem by government officials, religious leaders, and private citizens; (2) discovery that ordinary men and women wish to limit the number of children they have; (3) improved technology of contraception; and (4) significant action on family planning in a number of countries.

In part II government officials and demographers report on the status, problems, and accomplishments of family planning programs in 13 countries—Japan (where the abnormally high postwar birth rate of 34.3 births per thousand population in 1947 was cut to 17.2 by 1957 and has remained at about that level ever since), South Korea, Taiwan, Malaysia, Singapore, India, Pakistan, Turkey, Tunisia, Puerto Rico, Jamaica, Chile, and the United States. In part III experts in various fields discuss family planning programs for the postpartum woman, medical education in relation to population control, modern methods of birth control, cost and operation of family planning programs, and population surveys. Part IV describes the international advisory services provided by American foundations, the International Planned Parenthood Federation, Sweden, and the United States.

In part V the editor, who is president of the Population Council, suggests that if family planning is widely accepted and birth rates are reduced substantially, pervasive social changes—including the improved status of women—will follow. In discussing population stabilization, he says, "The world may not be able to 'solve' the population problem in the next generation, but it does appear to be on the road to ameliorating it."

SOVIET PRESCHOOL EDUCATION, Volume I: program of instruction. Volume II: teacher's commentary. Translated from Russian by Educational Testing Service, Henry Chauncey, editor. Introduction by Urie Bronfenbrenner. Holt, Rinehart and Winston, Inc. New York, N.Y. 1969. Vol. I, 182 pp., $2.95, paperback; Vol. II, 218 pp., $4.95, paperback.

Volume I is an English translation of a 1965 revision of a manual for the operation of kindergartens published by the Ministry of Education of the Russian Republic, U.S.S.R. It contains a program for "character education" developed in 1962 by a joint commission from the academies of pedagogical and medical sciences.

According to the preface, "The objectives of the [kindergarten] program have been designed to be realized in the course of all children's activity—in play, in regular activity periods, in the routine of daily life, and in forms of work within the capability of the children." The manual gives the basic content of the kindergarten program, discusses the objectives of care and instruction for children in each of the first 7 years of life, describes characteristics of children at different ages and gives directions for organizing life in the kindergarten. Model daily schedules are presented in an appendix.

In an introduction to this English edition, Urie Bronfenbrenner, professor of early childhood education at Cornell University, says: "Whatever else one may think about Soviet methods of education, it is clear that the Russians have worked hard to develop ways for teaching their children, early in life, the values and *behaviors* consistent with Communist ideals." He lists eight distinctive qualities of Soviet education: character education; face-to-face interaction between infants (who are in group playpens) and staff members; carefully designed continuity of experience from kindergarten through school and communist youth organizations; development of collective consciousness; emphasis on children working together; emphasis on self-reliance; a "group adoption" program in which older children and adults work with a kindergarten class; and the subordination of the parents to the institution.

Dr. Bronfenbrenner points out that the Soviet kindergarten system serves more than 10 percent of all Soviet children under 2 years of age and about 20 percent of those between 3 and 6 years of age.

The second volume contains operating instructions and guides for preschool teachers.

BRIEF AND EXTENDED CASEWORK. William J. Reid and Ann W. Shyne. Foreword by Helen Harris Perlman. Columbia University Press, New York, N.Y. 1969. 270 pp. $7.50.

Planned short-term casework service is proposed by the authors of this book as the main treatment modality for family counseling agencies serving intact families who voluntarily seek help on child-related and marital problems. On the basis of unexpected findings from a 4-year experimental project begun in 1964 at the Community Service Society of New York City, William J. Reid and Ann W. Shyne suggest a reversal of the current practice of assigning extended open-ended service to most clients.

The authors report that 60 intact middle-income families who had received only eight interviews after intake made more progress in alleviating interpersonal problems than 60 similar families who had received service for up to 18 months. Moreover, the gains made by families who received brief service proved as durable as those achieved by families who received extended service, according to a followup study conducted 6 months after the end of service.

Cost-effectiveness is the major advantage of planned brief service, the authors say; the eight-interview form of

service costs only about one-third as much as the extended form. The authors suggest that time limitations may have forced both the caseworker and the client to concentrate on immediate, resolvable problems, thus providing motivation for change.

THE LIVES OF CHILDREN: the story of the First Street School. George Dennison. Random House, New York, N.Y. 1969. 309 pp. $6.95.

How children from a low-income neighborhood on the Lower East Side of New York City responded to an elementary school program that allowed them freedom to follow their own interests is described in this book by one of the part-time teachers at the First Street School. A private school, supported by a foundation grant from 1964 to 1966, the First Street School based its program on the concepts of freedom and respect for each child demonstrated at A. S. Neill's Summerhill School in England, with an orientation to urban poor children. During its 2 years of operation, the school's enrollment of 23 consisted of almost equal numbers of black, white, and Puerto Rican children.

Many of the 9-, 10-, and 11-year-olds who attended First Street School had been considered "problem children" in public schools, because they were not performing at their age level or they were rebellious, liars, thieves, or nonconformists, according to the author. Almost all of the children improved markedly, and some few spectacularly, the author reports. Such improvement was not "simply a matter of learning, but of radical changes in character," he says. "As the months went by, the children who had been truants now attended eagerly, and those who had been failing now began to learn."

The author lists some unusual features of the First Street School, including its small size and low teacher-pupil ratio; its cost—about the same per child as the $850 annual operating cost of the New York City public schools; the kind of freedom experienced by teachers and pupils alike—unencumbered by formal tests, compulsory attendance, report cards, or even school administrators; and the teachers' dedication to the idea that a school is an environment for growth, with the relationships between children and teachers being at "the very heart."

guides and reports

INDUSTRY RELATED DAY CARE: the KLH Child Development Center: Part I. David F. Hawkins, Joseph R. Curran, John W. Jordan, and the staff of Social Administration Research Institute. Social Administration Research Institute, 629 Highland Avenue, Needham, Mass. 02194. 123 pp. $2.

Presents a case history on the establishment of an industry-based day-care center from 1965 to 1969.

MULTIPLY HANDICAPPED DEAF CHILDREN: medical, educational, and psychological considerations. McCay Vernon. Council for Exceptional Children, 1201 Sixteenth Street, NW., Washington, D.C. 20036. 1969. 124 pp. $3.75.

Presents the findings of a study of the incidence and prevalence of prematurity, rubella, meningitis, Rh factor complications, and heredity as causes of deafness in 1,468 multiply handicapped deaf children given preadmission evaluation at the California School for Deaf, Riverside, from 1953 to 1964 and the association of these diseases or disorders with other physical and behavioral anomolies in the children.

NEW DIRECTIONS IN PEDIATRIC SOCIAL WORK. Edited by Elizabeth Maginnis. Social Service Department, The Children's Hospital Medical Center, 300 Longwood Avenue, Boston, Mass. 1969. 34 pp. $2.

Contains five papers from the proceedings of the 50th anniversary celebration of the Social Service Department of the Children's Hospital Medical Center of Boston, Mass. Illustrates the daily practice of pediatric social work, describes its historical development within the institution, and presents a proposal for its educational future.

READINGS IN HOMEMAKER SERVICE: selected papers presenting the background, uses, and practices of homemaker-home health aide programs. National Council for Homemaker Services, 1740 Broadway, New York, N.Y. 10019. 1969. 221 pp. $3.

A compilation of selected papers, standards, and guidelines on homemaker-home health aide service programs, presented in six sections: philosophy and goals; patterns; standards; administration and financing; development of staff; and home-help services in other countries.

ACTION ON THE STREETS: a handbook for inner city youth work. Frank J. Carney, Hans W. Mattick, and John D. Callaway. Association Press, 291 Broadway, New York, N.Y. 10007. 1969. 160 pp. $4.95, clothbound; $2.95, paperback.

Reports briefly on the 6-year experience of the Chicago Youth Development Project of the Chicago Boys Club and the Institute for Social Research of the University of Michigan.

REFLECTIONS ON FOSTER CARE: a report on a national survey of attitudes and practices. Helen D. Stone. Child Welfare League of America, 44 East 23d Street, New York, N.Y. 10010. 1969. 40 pp. $1.

Reports the findings of a national survey of 482 public and voluntary agencies and institutions, including data on community structure for foster care, practice trends, factors affecting quality of foster care services, recent changes and innovations in practice, and length and cost of foster care.

HERE and THERE

School-age parents

Nearly 500 persons attended the National Invitational Conference on Parenthood in Adolescence, held in Washington, D.C., January 22–24 under the sponsorship of Yale University and the University of Pittsburgh in cooperation with HEW's Maternal and Child Health Service, Health Services and Mental Health Administration, and the Children's Bureau, Office of Child Development. The participants included administrators, physicians, educators, social workers, research workers, and nurses who are engaged in the provision of comprehensive services for school-age pregnant girls or whose work otherwise confronts them with the problem of teenage pregnancy. (See "Comprehensive Service Programs for School-Age Pregnant Girls," CHILDREN, September–October 1968.)

The purpose of the conference was to increase understanding of the circumstances that may lead to pregnancy in adolescence as well as of the problems faced by school-age parents and their child, of ways to improve services to school-age parents, and of possible methods of preventing parenthood in adolescence.

While attention was predominantly focused on the unmarried, speakers and discussants alike maintained that pregnancy and parenthood among adolescents under 16—whether married or unmarried—are a health, education, and social hazard. Joseph D. Beasley, M.D., of the Harvard Medical School, for example, pointed out that pregnant teenagers face a high risk of giving birth prematurely, which puts the infant at higher risk off suffering mental or physical impairment. He said that both maternal and infant mortality and morbidity are higher in teenage pregnancies and deliveries than in pregnancies in general.

As to social risks, Clark Vincent, Ph. D., of the Bowman Gray School of Medicine, Wake Forest University, pointed out that teenagers, who are still going through the search for identity, are often unprepared for the responsibilities of parenthood. Dr. Vincent also spoke of the "now" philosophy, widely espoused by young people today, and of the sexuality in the world around the adolescent, particularly in the mass media, as influences that lead to teenage pregnancies.

Among the "experts" who spoke of the personal problems producing and arising from pregnancy out of wedlock were 13 girls, ranging in age from 13 to 25, who knew of these problems from their own experience. Participating in a panel discussion at a general session, they variously named society, their parents, the schools, or "the streets" as at least partly behind the situation they found themselves in, but rarely—and then only indirectly—blamed the father of their child.

"It was revenge," said one girl telling of her futile efforts to please both parents when they were getting a divorce. Another said she had deliberately tried to have a baby to remind her of her boyfriend who was going to Vietnam. One mentioned a lack of a social worker for personal counseling.

views on prevention

Lack of sex education, either in the home or at school, and lack of information about contraceptives, however, were the girls' chief targets. These lacks also received a great deal of attention in the discussion groups, where viewpoints on contraceptives for teenagers ranged from the prohibitive to the permissive, the predominant middle view being expressed by those who would provide contraceptives to sexually active girls along with casework service to the girl and her parents.

Many of the conferees expressed the opinion that making contraceptives freely available would be the only way of stopping the upward trend in teenage out-of-wedlock pregnancies, but admitted to a concern lest such a policy be regarded by the young people as condoning extramarital sexual relations. Others spoke of a new culture arising among the young of which sexual expression is very much a part—"Sex is the thing now," as one young panel participant put it. And another young panelist said she saw nothing wrong in being pregnant because "I want the baby, my mother wants it, and my boyfriend really wants it."

major problems

In group discussions the conferees gave their major attention to problems of—

- How best to help school-age pregnant girls continue their schooling. Four alternatives were suggested, all admittedly with built-in problems: (1) the provision of special classes in the schools; (2) the provision of special classes in a special setting; (3) keeping the girl in her regular school class; and (4) transferring the girl to another school.

- How to prevent parenthood in adolescence, especially out-of-wedlock parenthood. Here the suggestions ranged from the provision of better counseling services, recreation, and job opportunities for young people, boys as well as girls, to the provision of contraceptives to teenagers—with or without parental consent—and the freer availability of abortions.

- How to help school-age parents who keep their babies provide a better quality of parenthood. Here a great deal of attention was given to school-age fathers, especially those who are members of minority groups. In addition to the need for counseling services for fathers, the conferees pointed to the need for broader employment opportunities for male members of minority groups, since lack of opportunities sometimes leads boys to feel that the only way open for them to prove their manhood is through sexual activity.

• What kind of special content to include in an educational program for the pregnant teenager—in relation to what is to happen to her physically, her child care responsibilities, her understanding of herself, and her motivation to complete her education.

• How to help girls interested in placing their babies for adoption find the appropriate resources. Here emphasis was put on the scarcity of adoptive homes for children in minority groups and the responsibility of social agencies to recruit more adoptive parents.

Following the conference some participants attended the first membership meeting of the National Alliance Concerned with School-Age Parents, an organization of persons associated with programs for school-age pregnant girls who are living at home. The association plans to promote the establishment of new comprehensive programs in various parts of the country.

New legislation

A 15-percent increase in social security benefits, effective for January 1970, is provided for in amendments to the Social Security Act under title X of the Tax Reform Act of 1969 (Public Law 91–172), which was signed by the President on December 30, 1969.

Under the revised schedule of payments, the average benefit for a single retired person increases from $100 to $116 a month; for a widow with two children, from $254 to $292 a month; and for a family made up of a disabled worker, his wife, and one or more children, from $237 to $273 a month.

• • •

Child care centers for preschool and school-age dependents of labor union members may be financed through joint trust funds set up by employers and labor organizations, under an amendment of the Labor-Management Relations Act of 1947 signed into law by the President October 14 (Public Law 91–86). The law also authorized employers to contribute to joint trust funds that provide scholarships for employees, their families, and their dependents.

Payments from employers to union officials are illegal—except for specific fringe benefits mentioned in the law. Until the passage of the 1969 amendments, child care centers were not mentioned in the law.

The new law provides that employers and labor unions, by mutual consent, may include such trust funds in collective bargaining. It specifically provides, however, that no labor organization or employer shall be required to bargain on the establishment of a trust fund for such purposes.

• • •

Rent set by public housing agencies may not exceed 25 percent of the income of a tenant in low-rent housing under the Housing and Urban Development Act of 1969 (Public Law 91–152), which the President signed into law December 24. The act provides, however, that this requirement shall not apply if such limitation will reduce the amount of public assistance that would otherwise be provided to the tenant by a public agency. The law also requires that if a Federally aided urban renewal project results in demolition of housing units for low- and moderate-income families, an equal number of such units must be provided in the area within which the local public agency has jurisdiction.

• • •

Six States began the 1970's with laws that enable public agencies to provide subsidies for adoption to families who can meet a child's needs in all areas except financial. Legislatures in Illinois, Maryland, Michigan, and Minnesota passed adoption subsidy laws in 1969, a year after legislatures in California and New York. The laws are designed to provide permanent homes for those children who otherwise would be denied placement. This category includes some older children, some children with physical handicaps, some children of mixed races, and some family groups. In 1970 the legislatures in several other States will consider bills authorizing adoption subsidies.

Income maintenance

A program to provide cash payments to supplement incomes of all needy families and individuals, financed and administered by the Federal government, is proposed in a report submitted to President Richard M. Nixon in November 1969 by the President's Commission on Income Maintenance Programs. The commission was appointed 22 months previously by former President Lyndon B. Johnson to study the problems of poverty and of income in the United States.

As noted by the chairman, Ben W. Heineman, president of Northwest Industries, Inc., the basic structure of the proposal is similar to that of the family assistance program proposed by President Nixon last August. Both programs would provide assistance to the working poor as well as the unemployed poor with payments varying according to the size of the family. [See CHILDREN, September–October 1969, p. 205.]

In the commission's proposal, a single person with no other income would receive $750 annually and families with no other income would receive $750 for each of two adults and $450 for each additional member, whether child or adult. Thus a family of four with no other income would receive an annual payment of $2,400.

The commission recommends that benefit levels be raised "as rapidly as is practical and possible." It estimates that in the first stage the proposed program would cost the Federal government about $10 billion a year more than current assistance programs.

Under the proposal, families could retain 50 cents for each dollar of income that the family receives from work or other sources—a formula intended to encourage recipients to work. For example, a family of four could continue to receive a cash payment until its total income reaches $4,800.

The commission reports that in 1968 there were 25 million Americans whose incomes were below the Government's poverty index of $2.43 per person a day, or $3,553 per nonfarm family of four a year.

Calling existing governmental mechanisms and institutions "inadequate for alleviating existing poverty," the commission also recommends:

• The termination of Federal participation in existing public assistance programs.

• The establishment of a new locally administered program for temporary emergency assistance with Federal financial participation on a matching basis.

• The broadening of unemployment insurance programs.

• The phasing out of programs that provide food to poor families as equivalent assistance is given in cash.

• The improvement, consolidation,

and expansion of manpower and training programs.

• An expanded program of birth control information and services to all who want them.

The full report of the commission, "Poverty Amid Plenty: The American Paradox," is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (Price: $1.75.)

Oral contraceptives

Amid public controversy about the safety of "the pill," the Food and Drug Administration in January 1970 recommended to physicians that they discuss fully with their women patients the risks involved in taking oral contraceptives. In a letter to the nation's 381,000 physicians, hospital pharmacists, and hospital administrators, FDA Commissioner Charles C. Edwards, M.D., said that full disclosure of the potential adverse effects would permit the patient to participate in the decision of whether to use oral contraceptives.

At the same time, labeling requirements for oral contraceptives were revised to provide more information about safety and efficacy. Dr. Edwards urged physicians to familiarize themselves with the information, pointing out that in the United States an estimated 8.5 million women took oral contraceptives monthly during 1969. The "unsurpassed clinical efficacy of these products is well established," he said, although reported pregnancy rates vary from product to product, and sequential oral contraceptives appear to be less effective than combination oral contraceptives.

Potential risks from oral contraceptives, which are to be mentioned in the labeling material provided physicians, include various forms of blood clots. One study reported that such reactions are estimated to have occurred in 47 per 100,000 women who have taken the pill regularly, compared to 5 per 100,000 nonusers. Adverse reactions also known to occur in women patients taking oral contraceptives include nausea, vomiting, edema, migraine, rise in blood pressure, and other symptoms. A number of other adverse reactions—among them headache, nervousness, dizziness, loss of scalp hair, excessive growth of hair—have been reported, but the relationships have been "neither confirmed nor refuted." Physicians will be kept informed of the results of other studies in progress, the FDA commissioner said.

Also in January, a manufacturer withdrew a "mini-pill" oral contraceptive from field trials because it had produced breast cancer in some dogs. The mini-pill had been used in tests for about 2 years on about 3,000 women.

In another recent action, the British Committee on Safety of Drugs advised physicians in Great Britain to limit prescriptions for oral contraceptives to products containing 0.05 milligrams or less of estrogen, a female sex hormone. Reports from the tests on which this recommendation is based were not available for study by FDA in January.

White House Conference

The Seventh White House Conference on Children and Youth is to be held in two stages—the first to be focused on various aspects of child life and child development and the second on youth, according to an announcement by National Chairman Stephen Hess on January 6.

The conference on children is scheduled for the already announced dates, December 13–18, 1970. According to tentative plans it will include a number of regional conferences held simultaneously with the conference in Washington. The discussions will be based on recommendations of 30 to 50 panels of specialists in the areas of physical, mental, social, and religious development of children. Each panel will conduct a preconference study of a specific topic and will propose a program to solve some of the related problems through action by citizens, parents, voluntary agencies, and local, State, and Federal governments.

The second stage of the White House Conference, to be held in June 1971, will be planned and conducted largely by young people themselves. A major aspect of this stage will be displays showing the concerns that young people have about the society in which they live.

Outcome of pregnancy

A recently completed study of the outcome of pregnancies that occurred during a 3-year period in Kauai, Hawaii, has shown that by the time the surviving children were 10 years old, one third of them had developed physical, emotional, or intellectual difficulties; and that of all the conceptions that occurred in the designated period, half had resulted in death or damage from fetal or environmental causes either before birth or in the 10 following years. The study, which was sponsored jointly by the University of California at Berkeley, the Hawaii Department of Health, and later the University of Hawaii, was supported in part by the Children's Bureau. The principal investigators were Jessie M. Bierman, M.D., Fern French, Dr. PH, and Emmy Werner, Ph. D. of the University of California, and Angie Connor, M.D., of the University of Hawaii.

The study involved the observation of the outcome of nearly all conceptions that occurred in Kauai in which birth was expected during the years 1955 through 1957, from the time the expectant mothers missed their first menses until the surviving children were 10 years old. It also involved the assessment of the physical, intellectual, and social status of the children at preschool age and middle childhood. In all, 3,083 pregnancies were studied from which a cohort of 1,963 children were followed to age 2, and a somewhat smaller group to age 10.

The study investigators interviewed the pregnant women once each trimester, once postpartum, and again when the infant was 1 year old; they also studied the medical and hospital records and made ratings of the severity of any perinatal complications.

At the age of 2 years the children were given pediatric and psychological examinations. In addition to searching for congenital and acquired defects, the examiners appraised the children's nutritional status, feeding and sleeping habits, and speech and motor development. The assessment of the children at age 10 involved the collection of information from schools, physicians, hospitals, health departments, and parents.

The family environment of each child was assessed at age 2 and again at 10, an assessment that covered socioeconomic status, family stability, and an estimate of the mother's intelligence, based on years of schooling completed and a psychologist's impression gained from an interview. When the child was 10, the assessment also included ratings of the educational stimulation and emotional support received from his family.

Among other findings, the assessments of the children at age 10 showed the following results:

- The diagnosis made by age 2 for children with significant handicaps, physical or mental, or both, were largely confirmed. All these children had received diagnostic and treatment services during the intervening years.
- Among children with severe perinatal stress, IQ differences between those growing up in a favorable environment and those growing up in an unfavorable environment were much greater than the differences between children with and without perinatal stress growing up in a favorable environment.
- Ratings of socioeconomic status, the educational stimulation, and emotional support provided the child by the family correlated highly with ratings of the children's school achievement and intellectual and emotional status.
- More than 10 times as many children had problems ascribed to poor environment as had problems ascribed to serious perinatal stress.

The full report of the study will be published in 1970 by the University of Hawaii Press under the title, "The Children of Kauai—A Longitudinal Study from Conception to Age 10."

Child abuse

Of 34 children treated at the Children's Hospital of the District of Columbia in the latter part of 1963 for injuries suspected to have been caused by parental abuse or neglect, 14—or 41 percent—suffered further physical abuse or neglect during the 5 years after they were returned to their parents, according to a retrospective study carried out in 1968 by the hospital's department of psychiatry. Members of the study team were Larry B. Silver, M.D., Christina C. Dublin, and Reginald S. Lourie, M.D., the department's director.

The study involved 24 boys and 10 girls, who at the time they were first brought to the hospital ranged in age from 4 weeks to 15 years. Fourteen of the abused children required hospitalization. Two suffered permanent damage.

The study team reviewed all records on the children and their families in the hospital's social service files, the Women's Bureau of the Police Department, the Juvenile Court, the child welfare division of the District of Columbia Department of Public Welfare, and the Family and Child Service, a voluntary casework agency. It found that most of the families had a history of repeated abuse after the 1963 episode, that many families had had encounters with the police, and that 15 parents admitted their own involvement in the 1963 abuse episode or named a spouse or relative as the abuser. Responsibility for the abuse was attributed to the father in 22 cases, to the mother in 11, and to both parents equally in one case of chronic neglect.

All but two of the 34 cases had been referred by the hospital to the Women's Bureau at the time of discharge. Of these, 20 were subsequently referred by the Women's Bureau for protective service to the child welfare division of the public welfare department and one to the Family and Child Services. Four other families were already receiving protective services from the child welfare division at the time of the original episode of abuse.

Of the children who received protective services, eight were eventually removed from their homes through the Juvenile Court because of continued abuse or neglect. Of the seven children not referred for protective services, six were found to have suffered repeated abuse: one was brought back to the hospital dead 3 months after discharge; four were referred to the Juvenile Court; and the family of one was put under psychiatric observation. The only one of these seven in which recurrence of abuse was not reported was in a family in which the parents separated after the original episode so that the abusing parent was no longer in the home.

As a result of the study, the investigators concluded that no child who has suffered parental abuse should be returned to his family without protective service followup.

Education

To help children who have difficulty learning to read, the National Advisory Committee on Dyslexia and Reading Disorders, appointed in August 1968 by the then Secretary of Health, Education, and Welfare, has recommended a 3-year effort on the part of the Federal government to help the Nation's schools mount an effective program to prevent and remedy reading failure in children. Under the chairmanship of Arleigh B. Templeton, president of Sam Houston State University, Huntsville, Tex., the interdisciplinary committee spent a year examining the nature and extent of reading difficulties in children and preparing recommendations for dealing with the problem. Its report was released by Secretary Robert H. Finch on January 19.

The committee notes that 8 million children—or about 15 percent of the total elementary and secondary school population in the United States—experience difficulty in learning to read, although they seem to have adequate intelligence and emotional stability. These children come from all segments of society. The committee maintains that many children fail to read because of inadequate or unsuitable procedures by which reading is taught in schools. The committee lists the following factors that contribute to a child's inability to learn to read, in addition to inadequacy of instruction: mental retardation, neurological or sensory dysfunction, emotional disorders, and environmental deprivation.

Emphasizing the importance of achieving a coordinated approach to the problems of reading disorders, the report points out that basic information for building a national reading program is not currently available. The committee recommends the following preliminary steps for developing such information:

- Establishment of an Office on Reading Disorders in HEW. This office would coordinate a national effort in research on and development of reading programs.
- Establishment of a network of 10 to 20 Operational Reading Research and Development Centers. Such centers would be charged with answering specific questions that must be resolved before a national program to attack reading disorders can be started. Among the centers' assignments would be the development and testing of procedures that will identify preschool children who present a high risk of reading disorders, recognize the failing reader early in his school career, improve regular classroom instruction in reading, provide a remediation program for the failing reader, and develop standards of reading achievement to achieve comparability of reading performance.
- Expansion of training programs and grants for teachers of reading,

reading specialists, and research workers in the field of reading.

Single copies of the committee's report, "Reading Disorders in the United States," are available from the Information Office of the National Institute of Neurological Diseases and Stroke, National Institutes of Health, HEW, Building 31, Bethesda, Md. 20014.

Pediatric care

The physician's attention to the expectations of the mother of a child and the warmth of the doctor-patient relationship influence a mother's satisfaction and compliance with medical advice to a significant degree, according to a study made in Los Angeles in 1968 by Barbara M. Korsch, M.D., and two public health nurses, Ethel K. Gozzi and Vida Francis, with support from the Children's Bureau.

Eight hundred patient visits to the walk-in clinic, Children's Hospital of Los Angeles, were studied by recording on tape the verbal communication between the physician and the patient's mother, and by followup interviews with the patient's parents. The purpose was to identify those attributes of the doctor-patient interaction that were related to visit outcome, defined in terms of (1) the mother's satisfaction and (2) followthrough on medical advice. The sample consisted of first encounters between the mother and a designated physician who had at least 1 year's experience in pediatrics. Everyone involved knew of the presence of the tape recorder.

The study found that 76 percent of the patients were rated as being satisfied with their visit, while 24 percent were dissatisfied. Analysis of the data further indicated that—

- 53 percent of the satisfied patients followed their physician's medical advice as against 23 percent of the dissatisfied.
- The three types of expectations most frequently voiced by the mothers were: (1) to learn the diagnosis or the cause of the illness, or both; (2) to have their children receive shots, tests, or X-rays; (3) to be given medicine. Failure to have these expectations fulfilled was significantly associated with less satisfaction with the medical visit and less compliance with medical advice.
- The failure of the medical visit to fulfill other expectations—to have the child hospitalized, to have the child cured, to receive reassurance, to be given an explanation about the seriousness of the illness or instruction about treatment—was significantly associated with dissatisfaction, but did not affect the mother's compliance with the medical advice.
- The mother's perception of the physician as friendly or understanding was significantly associated with satisfaction and compliance, and the mother's perception of the physician as businesslike or not understanding was significantly associated with both dissatisfaction and noncompliance on the part of the mother.
- Discussion of cause did not influence followthrough with medical advice but lack of it led to dissatisfaction.
- The mother's race, education, or social class bore no relationship to outcome of the medical visits.

readers' exchange

LIN-FU: *The root of the problem*

The excellent article by Jane S. Lin-Fu, "Childhood Lead Poisoning—An Eradicable Disease" covers comprehensively the preventive approaches to this most destructive problem. (CHILDREN, January–February 1970.)

I would like to discuss one of her points. From our experiences with the problem at the Children's Hospital in Washington, D.C., we have come to believe that attempts to enforce laws requiring landlords to correct the hazards from paint containing lead do not comprise the most effective preventive approach. Very often when complaints are made about the hazard, landlords put pressure on the families to move. In fact, moving is common among families in which lead poisoning occurs.

Therefore, we believe that the health worker's approach to the problem would best be directed to eliminating pica—the practice of eating nonfood substances. (See "Why Children Eat Things That are Not Food," by Reginald S. Lourie, M.D., Emma M. Layman, and Frances K. Millican, CHILDREN, July–August 1963.) As Dr. Lin-Fu indicates, pica is the basic cause of ingestion of lead-containing substances.

We have found that pica is usually a superficial symptom. In the early stages (particularly before brain damage occurs from the lead poisoning), it often responds readily to remedies directed at meeting the basic needs of the parents and children involved. We would suggest, therefore, that inquiry about the presence of pica be a routine question in health examinations, not only as a first step in detecting lead poisoning, but also for opening up a look at the factors in the family life that could underlie the symptom.

Reginald S. Lourie, M.D.
Director
Department of Psychiatry
Children's Hospital of the District of Columbia

Correction

Through an editor's error, a line in Dr. Jane S. Lin-Fu's article on lead poisoning in the January–February issue of *Children* gave the impression that all use of lead-based paint is illegal in most States. As Dr. Lin-Fu has pointed out, lead-based paint is still widely and legally used for many purposes. In a reprint of the article, available through the Health Services and Mental Health Administration, Maternal and Child Health Service, the line has been revised so that the sentence involved now correctly reads: "According to the 1960 Housing Census, 30.6 million of the occupied housing units in the United States were built in or before 1939, when lead-based paint was still commonly used for interiors in most States."

Copies are available from Maternal and Child Health Service, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852.

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

LEGISLATIVE GUIDE FOR DRAFTING FAMILY AND JUVENILE COURT ACTS. William H. Sheridan. HEW, SRS, Children's Bureau. CB Publication No. 472. 1969. 57 pp. 35 cents.

Presents suggested language for local and State laws related to family and juvenile courts, with comments on the principles that underlie the proposed legislation.

PROGRESS IN INTERGOVERNMENTAL PERSONNEL RELATIONS. Report of the Advisory Committee on Merit System Standards. HEW, Department of Defense, Department of Labor. 1969. 130 pp. 60 cents.

Presents recommendations for making the Federal-State cooperative personnel program more effective in translating social purpose into action.

STATE SALARY RANGES: July 1, 1969. HEW, Office of State Merit Systems. 1969. 44 pp. Single copies free from the Office of State Merit Systems, Department of Health, Education and Welfare, Washington, D.C. 20201.

Presents results of a survey of salary ranges for selected classes of State and local positions in employment security, public welfare, public health, mental health, vocational rehabilitation, and civil defense.

PREPRIMARY ENROLLMENT OF CHILDREN UNDER SIX: October 1968. Roy C. Nehrt and Gordon E. Hurd. HEW, Office of Education, National Center for Educational Statistics. 1969. 17 pp. 30 cents.

Reports on the number of children from 3 to 5 years of age enrolled in early childhood education programs in the United States in October 1968, giving enrollment rates by age, as related to family income, occupation of family head, and residence.

PERSPECTIVES IN PUBLIC WELFARE: A History. Blanche D. Coll. HEW, SRS, Office of Research, Demonstrations, and Training, Intramural Research Division. 1969. 107 pp. 70 cents.

Traces in detail ideas and programs regarding public welfare in the United States from the 17th century to the 1930's, with emphasis on the persistence of public assistance as the principal method of caring for the poor, the persistence of criticism of this method, and the current scrutiny and reappraisal of public welfare policy.

DELINQUENCY TODAY: a guide for community action. HEW, SRS, Office of Juvenile Delinquency and Youth Development. 1969. 22 pp. 20 cents.

Presents on overview of the problems and concepts of juvenile delinquency and offers a suggested blueprint for community programs to deal with the problem.

FIRE! FIRE! LOOK OUT! IT BURNS! HEW, SRS, Children's Bureau. CB Publication No. 470. 1969. 12 pp. 15 cents.

Suggests ways parents can help prevent fires in their homes and accidental burning of their children by teaching the dangers of fire and correcting fire hazards in their homes.

HEW refers to Department of Health, Education, and Welfare; OCD, to Office of Child Development; SRS, to Social and Rehabilitation Service.

photo credits

Frontispiece, Philip Bonn, for the Children's Bureau.

Pages 45, 50, 51, and 52, Windy Drum, for the Head Start Supplementary Training program.

Page 71, U.S. Department of Agriculture, Food and Nutrition Service.

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